

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90015 016 ***150.00

DOCUMENT # P99000053322

1. Entity Name

GLOBAL VIP CORPORATION

Principal Place of Business

7030 GRAND NATIONAL DRIVE
ORLANDO FL 32809

Mailing Address

409 JAYBEE AV
DAVENPORT FL 33837

2. Principal Place of Business

7031 GRAND NATIONAL DR

3. Mailing Address

7031 GRAND NATIONAL DR

Suite, Apt. #, etc.

STE 103

Suite, Apt. #, etc.

STE 103

City & State

ORLANDO - FL

City & State

ORLANDO - FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3587894

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WASHBURN, KENNETH R
1153 MILL RUN CIR.
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name
RUBEN D. TORO

Street Address (P.O. Box Number is Not Acceptable)

7345 SAND LAKE RD. STE 204

City **ORLANDO**

FL

Zip Code
32819

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPVP** ☐ Delete
NAME **BAFFI, CYRO A**
STREET ADDRESS **8851 HERITAGE BAY CIR**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVP** ☒ Change ☐ Addition
NAME **BAFFI, CYRO A**
STREET ADDRESS **8830 OAK LANDINGS C.T**
CITY-ST-ZIP **ORLANDO - FL. 32836**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2001

Date

407-7190315

Daytime Phone #

CR2E034 (10/00)