

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099254

1. Entity Name

GLOBAL ESCROW SERVICES, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90286 045 \*\*\*150.00

Principal Place of Business

7823 NIAGARA AVE  
TAMPA FL 33617

Mailing Address

7823 NIAGARA AVE  
TAMPA FL 33617-8367

2. Principal Place of Business

119 W. Windhorst Rd  
Suite, Apt. #, etc.

3. Mailing Address

119 W. Windhorst Rd.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Brandon FL	City & State Brandon FL	4. FEI Number 59-3609176	Applied For <input type="checkbox"/> Not Applicable
Zip 33510	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: FRANCOIS Elmaleh  
Street Address (P.O. Box Number is Not Acceptable): 119 W. Windhorst Rd  
City: Brandon FL Zip Code: 33510

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]* Francois Elmaleh, President 4-27-00  
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RYAN, JOSEPH G 7823 NIAGARA AVE TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Ryan, Joseph G 119 W. Windhorst Rd BRANDON FL 33510 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCOIS Elmaleh, PID Francois Elmaleh 119 W. Windhorst Rd. BRANDON FL 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Sandra Ryan 119 W. Windhorst Rd BRANDON FL 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Phyllis Longwell 119 W. Windhorst Rd. BRANDON FL 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Longwell 119 W. Windhorst Rd. BRANDON FL 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melvin Reeves 119 W. Windhorst Rd BRANDON FL 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* Phyllis M. Longwell, Treasurer 4-27-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 813/655-7764