

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90055 017 ***150.00

DOCUMENT # G32629

1. Entity Name

SCARLET FARMS INTERNATIONAL, INC.

Principal Place of Business

2150 NW 70 AVE
 POB 522451
 MIAMI FL 33122
 US

Mailing Address

PO BOX 522451
 POB 522451
 MIAMI FL 33152-2451
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2275197

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLINA, BERNARDO
85 GRAND CANAL DRIVE
SUITE 107
MIAMI FL 33144

Name **GLOBAL MANAGEMENT VENTURES, INC.**

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

2150 N.W. 70 AVE.

City **MIAMI, FL.**

FL

Zip Code **33122**

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 **JAIME F. GUEITS-PRES.** **3/1/00**

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, 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	DP	<input checked="" type="checkbox"/> Delete
NAME	GUEITS, MAX	
STREET ADDRESS	1300 S.W. 76 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD -----CHANGED	<input type="checkbox"/> Delete
NAME	MARIN, MARCO	
STREET ADDRESS	7750 S.W. 32ND TERR	
CITY-ST-ZIP	MIAMI, FLORIDA 0	
TITLE	STD -----CHANGED	<input type="checkbox"/> Delete
NAME	GUEITS, JAIME F.	
STREET ADDRESS	755 W. 60 STREET	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIN, ANA	
STREET ADDRESS	7750 S.W. 72ND TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESIGNED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES/SEC/TREA/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/1/00

Date

305-591-2333

Daytime Phone #

CR2E034 (9/99)