

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012986 AF

DOCUMENT # L00000010196

FILED

1. Entity Name  
GLOBALIZACION FINANCIERA, L.L.C.

APR 23 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2495 EAGLE WATCH LANE  
WESTON FL 33327

Mailing Address  
2495 EAGLE WATCH LANE  
WESTON FL 33327



2. Principal Place of Business  
2547 SANCTUARY DR.  
Suite, Apt. #, etc.

3. Mailing Address  
2547 SANCTUARY DR.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WESTON, FLORIDA

City & State  
WESTON, FLORIDA

4. FEI Number  
2547

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
NATIONSCORP REGISTERED AGENTS, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
Name  
OSCAR MACHADO  
Street Address (P.O. Box Number is Not Acceptable)  
2547 SANCTUARY DRIVE  
City WESTON FL Zip Code 33327

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 *Oscar Machado* O.M.S. DATE 4/19/01

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

900004163539--3  
-05/08/01--01138--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Oscar Machado* O.M.S. DATE 4/19/01 (954) 389-4902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)