

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # M98000000109

1. Entity Name
GLOBAL ELECTRONIC FINANCIAL SERVICES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:05

Principal Place of Business Mailing Address
104 MONTEREY POINTE DRIVE 104 MONTEREY POINTE DRIVE
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-5810



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0791629 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WEINTRAUB, PHILIP 104 MONTEREY POINTE DRIVE PALM BEACH GARDENS FL 33418 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 9. MANAGING MEMBERS / MEMBERS | | | 10. ADDITIONS / CHANGES | | |
|-------------------------------|-----------------------------|---------------------------------|-------------------------|--|---|
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WTM, INC. | | NAME | | |
| STREET ADDRESS | 104 MONTEREY POINTE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | | CITY-ST-ZIP | | |
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11. 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 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: WTM Inc 2/3/2000 561 776-0916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)