

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91284 009 ***150.00

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DOCUMENT # P00000101126

1. Entity Name
GLOBAL SITCOM CORP.

Principal Place of Business Mailing Address
3041 NW 82ND AVE **3041 NW 82ND AVE**
MIAMI FL 33122 **MIAMI FL 33122**



2. Principal Place of Business 3. Mailing Address
330 West 10th Street #2 *330 West 10th Street #2*

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Hiialeah Florida *Hiialeah, Florida* **65-1052364** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
33010 *USA* *33010* *USA*

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

RIZZI, TOMAS Name
3041 NW 82ND AVE Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33122 *330 West 10th St #2*

City *Hiialeah* FL Zip Code *33010*

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]* DATE *1/18/2002*

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	V RIZZI, TOMAS 3041 NW 82ND AVE MIAMI FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V5 330 West 10th St #2 Hiialeah FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, ARMANDO 3041 NW 82ND AVE MIAMI FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	330 West 10th St #2 Hiialeah FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE REQUIRED** DATE *1/18/2002* DAYTIME PHONE # *(305) 883-8277*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)