

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90251 016 ***150.00

DOCUMENT # P01000073585
 1. Entity Name
GLOBAL INFOSEARCH, INC.

Principal Place of Business Mailing Address
1050 SW 46TH AVE., #206 **1050 SW 46TH AVE., #206**
POMPANO BCH FL 33069 **POMPANO BCH FL 33069**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1820 NE 26 Ave #1 **1820 NE 26 Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1 **1**
 City & State City & State
Fort Lauderdale, FL **Fort Lauderdale, FL**
 Zip Country Zip Country
33305 **USA** **33305** **USA**

4. FEI Number Applied For
65-1122 080 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HOFHERR, JAN
1050 SW 46TH AVE., #206
POMPANO BCH FL 33069

7. Name and Address of New Registered Agent
 Name **Jan Hofherr**
 Street Address (P.O. Box Number is Not Acceptable) **1820 NE 26 Ave #1**
 City **Fort Lauderdale** FL Zip Code **33305**

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 **04-09-02**
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. (See criteria on back)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO, Ints. Jan Hofherr 1820 NE 26 Ave #1 Fort Lauderdale, FL 33305	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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]* DATE **04-09-02** DAYTIME PHONE # **954-565-2188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)