

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90128 046 \*\*\*158.75

0291941 AV

DOCUMENT # P02000027932

1. Entity Name  
GLOBALVIEW CORPORATION



Principal Place of Business  
9466 N.W. 13TH ST.  
SUITE 72  
MIAMI FL 33172

Mailing Address  
9466 N.W. 13TH ST.  
SUITE 72  
MIAMI FL 33172

11029355



2. Principal Place of Business

18288 COLLINS AVE.

3. Mailing Address

18288 COLLINS AVE.

Suite, Apt. #, etc.

# 4

Suite, Apt. #, etc.

# 4

City & State

SUNNY ISLES, FLORIDA

City & State

SUNNY ISLES, FLORIDA

Zip

33160

Country

UNITED STATES

Zip

33160

Country

UNITED STATES

4. FEI Number

03-0410516

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MATURI, HORACIO V  
2510 N.W. 97 AVENUE  
SUITE 120  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: MATURI, HORACIO V.  
Street Address (P.O. Box Number is Not Acceptable)  
19418 EAST COUNTRY CLUBS DR.  
City: AVENTURA FL Zip Code: 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MATURI, HORACIO W  
STREET ADDRESS 2510 N.W. 97 AVENUE  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE VD  
NAME PINEIRO, FABIAN  
STREET ADDRESS 2510 N.W. 97 AVENUE  
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MATURI, HORACIO V.  
STREET ADDRESS 19418 EAST COUNTRY CLUBS DR.  
CITY-ST-ZIP AVENTURA, FL 33180 ☒ Change ☐ Addition

TITLE V.D  
NAME PINEIRO, FABIAN E.  
STREET ADDRESS 19636 EAST COUNTRY CLUBS DR.  
CITY-ST-ZIP AVENTURA, FL 33180 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

MATURI, HORACIO

03/01/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. MANA GER

Daytime Phone #

CR2E034 (10/02)