2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am Secretary of State P94000045741 DOCUMENT # 1. Entity Name GLOBAL ASSET HOLDINGS, INCORPORATED 02-12-2002 90089 006 ***158.75 Principal Place of Business Mailing Address 12000 BISCAYNE BLVD 12000 BISCAYNE BLVD MIAMI FL 33181 MIAMI FL 33181 2. Principal Place of Business 3. Mailing Addres Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0722193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENMAN, IRVING Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD 103 **MIAMI FL 33181** 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Director, CEO ☐ Delete TITLE TITLE GREENMAN, IRVING IRVING Greenman lod #262 NAME NAME 12000 BISCAYNE BLVD #103 STREET ADDRESS STREET ADORESS MIAMI FL 33181 CITY-ST-ZIP CITY-ST-7IP MIXMI SECRETERY Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME CET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE BETMEN NAME BILLYNE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of 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:

FILED

(9/01) E034