## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

15495 EAGLE NEST LANE #130

MIAMI LAKES FL 33014-2242

## DOCUMENT # P9600004045

1. Entity Name

Principal Place of Business

15495 EAGLE NEST LANE #130

2. Principal Place of Business

SIGNATURE:

MIAMI LAKES FL 33014

GLOBAL TRAINING SERVICES, INC.

Suite, Apt. #, etc.		Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE			
City. & State				<b>4.</b> F	4. FEI Number 65-0632581			pplied For ot Applicable
Zip	Country	Zip	Country	<b>5.</b> C	ertificate of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current Re	egistered Agent		7. N	ame and Address of New Re	gistered A	gent	
	-		Name					
WACHTEL, CHERYL 15495 EAGLE NEST NALE #130 MIAMI LAKES FL 33014			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
Miles	III DALES TE SOUTY	_	City			FL	Zip Code	е
8. The above	named entity submits this statement for the	he purpose of changing its re	gistered office or	egistered age	ent, or both, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	egistered Agent signatur	e required when re	nstating)	DATE		
Tax filing r	poration is eligible to satisfy its Intangible requirement and elects to do so ria on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable	•	50.00 of State	10. Election Campaign Fina Trust Fund Contribution.		Ádded	May Be to Fees
11.	OFFICERS AND D	RECTORS	12.	ADI	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WACHTEL, CHERYL J 15495 EAGLE NEST LANE #130 MIAMI LAKES FL 33014	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DPT Cheryl 15495 MIRMI	J. wachtel Engly Nest La Lakes, PL 33	aue moist	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WACHTEL, SAMUEL 15495 EAGLE NEST LANE #130 MIAMI LAKES FL 33014	Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	DUS Samre 15495 MIAM	wachtel eagle Nest L Lakes, Pr 3	ane '	Change	Addition
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indicated of the cor	Certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower, or on an attachment with an address, with an address, with an address.	ue and accurate and that my ered to execute this report as	signature shall ba	ve the same b	edal effect as it made under oa	im: inat i ar	n an oπicer	or airector i

FILED May 13, 2000 8:00 am Secretary of State

05-13-2000 90005 012 \*\*\*150.00

DO NOT WRITE IN THIS SPACE