2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90065 001 ***150.00

0096304

DOCUMENT # P96000004045

1. Entity Name
GLOBAL TRAINING SERVICES, INC.

Principal Place of Business	Mailing Address
15495 EAGLE NEST LANE #130 MIAMI LAKES FL 33014	15495 EAGLE NEST LANE #130 MIAMI LAKES FL 33014

968800

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7900 NW 27th Ave		7900 NW 27th Ave	
Suite, Apt. #, etc. 77 West Plaza		Suite, Apt. #, etc. 77 West Plaza	
City & State Miami, FL		City & State Miami, FL	
Zip 33147	Country USA	Zip 33147	Country USA

4. FEI Number 65-0632581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WACHTEL, CHERYL 15495 EAGLE NEST NALE #130 MIAMI LAKES FL 33014	Name Wachtel, Cheryl Street Address (P.O. Box Number is Not Acceptable) 7900 NW 27th Ave, 77 West Plaza City Miami FL Zip Code 33147

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

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, 2001 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	DPT WACHTEL, CHERYL J 15495 EAGLE NEST LANE MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Wachtel, Cheryl 7900 NW 27th Ave, 77 West Plaza Miami, FL 33147	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WACHTEL, SAMUEL 15495 EAGLE NEST LANE MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Wachtel Samuel 7900 NW 27 Ave, 77 West Plaza Miami FL 33147	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Samuel Wachtel 4-19-01 (305 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #