

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90092 040 ***150.00

DOCUMENT # P97000068560

1. Entity Name

GLOBAL STRATEGIES ENTERPRISES CORPORATION

Principal Place of Business

Mailing Address

C/O ROBERTS & SALAZAR, L.L.P.
 50 WEST MASHTA DRIVE SUITE 2
 KEY BISCAIYNE FL 33149

C/O ROBERTS & SALAZAR, L.L.P.
 50 WEST MASHTA DRIVE SUITE 2
 KEY BISCAIYNE FL 33149-2431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0778616

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAZAR, LISETTE ESQ
C/O ROBERTS & SALAZAR, L.L.P.
50 WEST MASHTA DRIVE SUITE 2
KEY BISCAIYNE FL 33149

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	NAME	President
STREET ADDRESS	ALFONSO, FERNANDO D	STREET ADDRESS	Alfonso Fernandez Daniel
CITY-ST-ZIP	201 CRANDON BLVD. #1232	CITY-ST-ZIP	
	KEY BISCAIYNE FL 33149		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	NAME	Vice President
STREET ADDRESS	ALFONSO, ADRIANA	STREET ADDRESS	Alfonso Adriana
CITY-ST-ZIP	201 CRANDON BLVD. #1232	CITY-ST-ZIP	
	KEY BISCAIYNE FL 33149		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	NAME	Director
STREET ADDRESS	DASSO, Hector	STREET ADDRESS	DASSO, Hector
CITY-ST-ZIP	328 Crandon Blvd # 212	CITY-ST-ZIP	
	Key Biscayne FL 33149		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Alfonso, Fernando

Date

Daytime Phone #

1-5-2000 305 3617100