

2001 UNIFORM BUSINESS REPORT

2/15/

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-15-2001 90082 013 ***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 BISCAYNE FL 33149~~ ~~C/O ROBERTS & SALAZAR, L.L.P.
 50 WEST MASHTA DRIVE SUITE 2
 KEY BISCAYNE FL 33149~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
328 Crandon Blvd **LISETE SALAZAR**

4. Sub. Apt. #, etc. 5. Sub. Apt. #, etc.
#212 **1390 Brickell Av.**

6. City & State 7. City & State
Key Biscayne Fl **#200 MIAMI Fl**

4. FEI Number **65-0778616** Applied For
 Not Applicable

8. Country 9. Country
US **US**

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
**SALAZAR, LISETTE ESQ
 C/O ROBERTS & SALAZAR, L.L.P.
 50 WEST MASHTA DRIVE SUITE 2
 KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent
 Name **LISETE SALAZAR**
 Street Address (P.O. Box Number Is Not Acceptable)
~~328 Crandon Blvd~~
1390 Brickell Av #200
 City **MIAMI, FL** Zip Code **33131**

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 _____ (NOTE: Registered Agent signature required when requesting) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FEES NOW IN EFFECT: \$160.00
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	OP ALFONSO, BERNARDO D 201 CRANDON BLVD. #1232 KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALFONSO, ADRIANA 201 CRANDON BLVD. #1232 KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASSO, HECTOR 328 CRANDON BLVD #212 KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICEPRESIDENT AND DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALFONSO ADRIANA 201 Crandon Blvd #1232	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25034 (10/00)