

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90072 006 ***150.00

DOCUMENT # P99000081977
 1. Entity Name

GLOBALINK CONSULTING CORP.

Principal Place of Business: **9421 SW 119 COURT MIAMI, FL 33186**
 Mailing Address: **9421 SW 119 COURT MIAMI, FL 33186**

2. Principal Place of Business: **9421 SW 119 COURT**
 Suite, Apt. #, etc.

3. Mailing Address: **9421 SW 119 COURT**
 Suite, Apt. #, etc.

City & State: **MIAMI, FL**

City & State: **MIAMI, FL**

4. FEI Number: **201-34-3616**
 Applied For: Not Applicable

Zip: **33168** Country: **USA**

Zip: **33168** Country: **USA**

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

Name: **MARIA HENRY**
 Street Address (P.O. Box Number is Not Acceptable): **9421 SW 119 COURT**
 City: **MIAMI FL** Zip Code: **33186**

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: **MICHAEL E. THORN**

DATE: **14 APR 00**

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

TITLE: PRESIDENT	<input type="checkbox"/> Delete
NAME: MICHAEL E. THORN	
STREET ADDRESS: 9421 SW 119 COURT	
CITY-ST-ZIP: MIAMI, FL 33186	
TITLE: VICE PRESIDENT	<input type="checkbox"/> Delete
NAME: MARIA HENRY	
STREET ADDRESS: 9421 SW 119 COURT	
CITY-ST-ZIP: MIAMI, FL 33186	
TITLE: 	<input type="checkbox"/> Delete
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	
TITLE: 	<input type="checkbox"/> Delete
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	
TITLE: 	<input type="checkbox"/> Delete
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	

TITLE: PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MICHAEL E. THORN	
STREET ADDRESS: 9421 SW 119 COURT	
CITY-ST-ZIP: MIAMI, FL 33186	
TITLE: VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARIA HENRY	
STREET ADDRESS: 9421 SW 119 COURT	
CITY-ST-ZIP: MIAMI, FL 33186	
TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	
TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: 	
STREET ADDRESS: 	
CITY-ST-ZIP: 	
TITLE: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: 	
STREET ADDRESS: 	
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: **MICHAEL E. THORN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 APR 00
 Date

305 275-2923
 Daytime Phone #

CR2E034 (9/99)