

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P 99000081977*

1. Entity Name
GLOBALINK CONSULTING CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 NOV 20 PM 6:38

Principal Place of Business Mailing Address

2. Principal Place of Business *1200 HIBISCUS AVE*
Suite, Apt. #, etc. *SUITE 1007*

3. Mailing Address *1200 HIBISCUS AVE*
Suite, Apt. #, etc. *SUITE 1007*
City & State *POMPANO BEACH, FL*
Zip *33062* Country *USA*

4. FEI Number *201343614* Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MICHAEL E. THORN
1200 HIBISCUS AVE, SUITE 1007
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent
Name *SAME*
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]* *MICHAEL E. THORN*
PRESIDENT DATE *12 NOV 01*

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	<i>PRESIDENT (P)</i> <i>MICHAEL E. THORN</i> <i>1200 HIBISCUS AVE, SUITE 1007</i> <i>POMPANO BEACH, FL 33062</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>000004706730--1</i> <i>-12/05/01--01081--003</i> <i>*****70.00 *****70.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT (V)</i> <i>MARIA HENRY</i> <i>9421 SW 119 COURT</i> <i>MIAMI, FL 33186</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY (S)</i> <i>BARBARA J. JOST</i> <i>1200 HIBISCUS AVE, SUITE 1007</i> <i>POMPANO BEACH, FL 33062</i>	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"/> Delete	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"/> Delete	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"/> Delete	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)(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: *[Signature]* *MICHAEL E. THORN*
PRESIDENT DATE *12 NOV 01* *954*
845-4124

CR2E034 (11/00)