

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90184 036 \*\*\*150.00

0186884

**DOCUMENT # S96458**  
 1. Entity Name  
**GLOBAL MANAGEMENT SERVICES, INC.**

Principal Place of Business <b>240 CRANDON BLVD., SUITE 204 KEY BISCAYNE FL 33149</b>	Mailing Address <b>240 CRANDON BLVD., SUITE 204 KEY BISCAYNE FL 33149</b>
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**00052214**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8000 SW 68 TR</b> Suite, Apt. #, etc.	3. Mailing Address <b>8000 SW 68 TR</b> Suite, Apt. #, etc.
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number <b>65-0305035</b>	Applied For <input type="checkbox"/>
Zip <b>33143</b>	Country <b>MIAMI-DADE</b>	Zip <b>33143</b>	Country <b>MIAMI-DADE</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**SANTAMARIA, CARLOS J.**  
**240 CRANDON BLVD., SUITE 204**  
**KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**199 OCEAN LN DRIVE #408**  
 City **Key Biscayne FL** Zip Code **33149**

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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SANTAMARIA, CARLOS J</b> <b>240 CRANDON BLVD., SUITE 204</b> <b>KEY BISCAYNE FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FERNANDEZ-PIRLA, JOSE M</b> <b>240 CRANDON BLVD., SUITE 204</b> <b>KEY BISCAYNE FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>JARQUE, FEDERICO</b> <b>240 CRANDON BLVD., SUITE 204</b> <b>KEY BISCAYNE FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>199 OCEAN LANE DRIVE #408</b> <b>Key Biscayne FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>199 OCEAN LN DRIVE #408</b> <b>Key Biscayne FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>330 GULF ROAD</b> <b>Key Biscayne FL 33149</b>
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)(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: **CARLOS J. SANTAMARIA** 4/27/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)