

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90167 035 ***150.00

DOCUMENT # V59743

1. Entity Name
GLOBAL EXCHANGE, INC.

Principal Place of Business 9000 WEST SHERIDAN ST STE 154 PEMBROKE PINES FL 33024 US	Mailing Address 9000 WEST SHERIDAN ST STE 154 PEMBROKE PINES FL 33024 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0357955		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ARIBEANA, FRANKLIN O GLOBAL EXCHANGE INC 9000 WEST SHERIDAN ST STE 154 PEMBROKE PINES FL 33024				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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, 2002 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	STD	TITLE	
NAME	ARIBEANA, RACHEL O	NAME	
STREET ADDRESS	9551 HUDSON STR	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE	PD	TITLE	
NAME	ARIBEANA, FRANKLIN O	NAME	
STREET ADDRESS	9551 HUDSON STR	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ 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: *Rachel O. Aribean* **FRANKLIN O. ARIBEANA** 4/27/02 954-430-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)