2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2001	OHIPOHII DOOI	ILOO IILI O		1001	*,	A ,		4		
DOCUMENT # 1. Entry Name P9800C047355						Ammendment				
G1oba	1 Discoveries Inco	orporated				,				
Principal Place of Business . Mailing Address							9	. <u>≤</u> ç		
5728 Major Blvd.#256 P.O. Box 69 Orlando, FL 32819 Orlando, FL				869			0CT 15	ar of a	T# ±	
2. Principal Pl	lace of Business	3. Mailing Address					PH		T.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACES S				
City & State		City & State			I	FEI Number 59-3518131		Ap	plied For t Applicable]
Zip Country		Zip Coun		try	5 Certificate of Status Desired \$8.75		8.75 Add ee Required			
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						
Pach	eco. Debbie A.			Name			عصاداته الشيهالمسائليين			
209 Farrington Lane Kissimmee, FL 34744				Street A	ddress (P.O. E	Box Number is Not Ac	cceptable)			
				City			FL	Zip Code	.	
8. The above	named entity submits this statement for t	the purpose of changing its	register	ed office or	registered ag	9000	ate of Florida. 1 046538 10/25/0181	 37'9- 1090	O	
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registere	d Agent signatu	ure required when r		10/25/0101 *****61.25	.000 C **********************************	1.25	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 12, Make Check Payable				Fee will b	e \$750.00	10. Election Cam Trust Fund Co			May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.		Al	DDITIONS/CHANGES	TO OFFICERS AND I	DIRECTORS	S IN 11	_
TITLE NAME	V Pacheco, Oscar	Delete	NAM		DP Pache	co, Debbie		☐ Change	☐ Addition	R2E034 (5/01
STREET ADDRESS CITY-ST-ZIP	209 Farrington Lane			SI-ZIP 209 Farrington Lane						R2E0
NAME STREET ADDRESS CITY-ST-ZIP	Kissimmee, FL 34744 🗆 Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP				∐ Change	☐ Addition	Ö
TITLE NAME		☐ Delete	TITL	E			3.,	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete			,	B10/2	3	☐ Change	☐ Addition [*]	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRE	<u></u>		7		☐ Change	Addition	1
13. I hereby of indicated of the corp	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the contract of the contract o	rue and accurate and that n vered to execute this report	the exe ny signa as requi	mption stat ture shall h red by Cha	ave the same opter 607, Flor	legal effect se it mad	le under oath; that I ar my name appears in	n an officer Block 11 or	or director	