

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742991

1. Entity Name

GLOBAL FOUNDATION, INC.

Principal Place of Business

P.O. BOX 249055
CORAL GABLES FL 33124-9055
US

Mailing Address

6200 LEONARDO ST
CORAL GABLES FL 33146-3338
US

2. Principal Place of Business

P.O. Box 249055

3. Mailing Address

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

Zip

33124-9055

Country

USA

Zip

Country

4. FEI Number

59-1887705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURSUNOGLU, SEVDA A.
6200 LEONARDO ST.
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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.

Sevda Kursunoglu V/P & Treasurer 01/15/2000

SIGNATURE Sevda Kursunoglu

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KURSUNOGLU, BEHRAM N.
STREET ADDRESS 6200 LEONARDO STREET
CITY-ST-ZIP CORAL GABLES FL

TITLE SD ☐ Delete
NAME PERLMUTTER, ARNOLD
STREET ADDRESS 6790 S.W. 52ND ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME COUTURE, JEAN
STREET ADDRESS 3 RUE HENRI HEINE-IFE
CITY-ST-ZIP PARIS, FRANCE

TITLE VTD ☐ Delete
NAME KURSUNOGLU, SEVDA A.
STREET ADDRESS 6200 LEONARDO ST.
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ Delete
NAME LAMB, WILLIS E., JR.
STREET ADDRESS 848 N. NORRIS AVE.
CITY-ST-ZIP TUCSON AR

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Behram N. Kursunoglu

January 15, 2000 (305)669-9411

SIGNATURE: Behram Kursunoglu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #