

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90453 039 \*\*\*\*61.25

**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**

**CORAL GABLES, FLORIDA**

City & State

4. FEI Number **59-1887705**

Applied For

Not Applicable

Zip **33124-9055**

Country **USA**

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

**Sevda Kursunoglu V/P & Treasurer 01/10/2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE  
NAME ☐ Delete  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 10, 2003 (305)669-9411**

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)