

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002280**

1. Entity Name

GLOBALNET MARKETING GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4405 WOODSTOCK DRIVE, SUITE B
WEST PALM BEACH FL 33409

Mailing Address

4405 WOODSTOCK DRIVE, SUITE B
WEST PALM BEACH FL 33409-2615

2. Principal Place of Business

108 Cypress LANE

3. Mailing Address

108 Cypress LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

Zip

33411

Country

USA

4. FEI Number

65-0790483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETANCOURT, TERESA

603 AVENIDA ALEGRE

WEST PALM BEACH FL 33405

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,279.26

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
MONTES, MICHAEL
4405 WOODSTOCK DRIVE, SUITE B
WEST PALM BEACH FL 33409

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
MONTES, JUANITA
4405 WOODSTOCK DRIVE, SUITE B
WEST PALM BEACH FL 33409

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE MICHAEL B. MONTES

4/15/00

561-478-5866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #