## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Sep 12, 2001 8:00 am Secretary of State F00000003239 DOCUMENT # 1. Entity Name 09-12-2001 90105 011 \*\*\*550.00 GLOBAN CORPORATION Principal Place of Business Mailing Address 2950 NORTH LOOP WEST 2950 NORTH LOOP WEST 00063491HOUSTON TX 77092 HOUSTON TX 77092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 76-0644143 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (5/01) XIX Delete Addition TITLE TITLE wydler, guillermo g NAME NAME STREET ADDRESS 2950 NORTH LOOP WEST STREET ADDRESS **HOUSTON TX 77092** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **VSD** Delete TITLE PD**X**Change TITLE NAME SALCEDO, JORGE NAME SALCEDO, JORGE STREET ADDRESS STREET ADDRESS 2950 NORTH LOOP WEST 2950 NORTH LOOP WEST SUITE 500 CITY-ST-ZIP **HOUSTON TX 77092** CITY-ST-ZIP HOUSTON-TX 77092 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplier entail 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 employered 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 ampowered.

SIGNATURE:

Ricardo Tobar Toperations Director

09/06/01

713-877-8787