2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000003563 1. Entity Name GLOBAN SECURITIES,INC.					Sep 12, 2001 8:00 am Secretary of State 09-12-2001 90105 010 ***550.00				
Principal Place 295 NORTH LOUSTON TX	OOP WEST	Mailing Address 295 NORTH LOOP WEST HOUSTON TX 77092							
2. Principal Place of Business		3. Mailing Address		[OO 1121 OE117 FAIRI OARII OE117 AR		EKNIO DIK	50 1914 1 00 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Num	76-0646865 Applied For Not Applicate				
Zip Country		Zip Country		5. Certificat	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Re	egistered Agent		7. Name an	d Address of New Reg				
0 = 0005	ACRITICAL AVATERI		Name	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (Street Address (P.O. Box Number is Not Acceptable)					
PLANTATI	ON FL 33324		City	 .		FL Zip	Code		
8. The above	named entity submits this statement for t	he purpose of changing its reg	gistered office or register	ed agent, or b	oth, in the State of Florid				
SIGNATURE .	Signature, typed or printed name of registered agent and	t title if applicable. (NOTE: Re	gistered Agent signature required	when reinstating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta		00 _T	lection Campaign Finan- rust Fund Contribution.		\$5.00 Added to	May Be o Fees	
11.	OFFICERS AND DI		12.	ADDITIONS	CHANGES TO OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYDLER, GUILLERMO G 295 NORTH LOOP WEST HOUSTON TX 77092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SALCEDO, JORGE 295 NORTH LOOP WEST HOUSTON TX 77092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ch	ange	Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is to poration or the reservoir or trudee empower or on an attackment with an address, but	his filing does not qualify for the ue and accurate and that my s ered to execute this report as in his other like empowered.	e exemption stated in Se signature shall have the required by Chapter 607	ction 119.07(3 same legal effe ', Florida Statu)(i), Florida Statutes. I fu- ect as if made under oatl tes; and that my name a	rther certify that h; that I am an o ppears in Block	the info officer or : 11 or E	ormation r director Block 12 if	

SIGNATURE;

i cardovitobar Eoperations Director signature and typed on printed name of signing officer on director