

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91391 031 ***150.00

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1. Entity Name
GBNET CORPORATION



Principal Place of Business
**1300 SAWGRASS CORPORATE PKWY. SUITE 110
SUNRISE FL 33323**

Mailing Address
**1300 SAWGRASS CORPORATE PKWY. SUITE 110
SUNRISE FL 33323**

90126920



2. Principal Place of Business
950 South Pine Island Rd
Suite, Apt. #, etc.
150

3. Mailing Address
950 S Pine Island Rd
Suite, Apt. #, etc.
150

☐ CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL

City & State
Plantation, FL 33324

Zip Country
33324 Broward

Zip Country
33324 Broward

4. FEI Number **87-0645084**

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

BARLOW, GARY
1300 SAWGRASS CORPORATE PKWY, SUITE 110
SUNRISE FL 33323

Name
GARY BARLOW
Street Address (P.O. Box Number is Not Acceptable)
950 South Pine Island Rd Ste. 150

City
Plantation

Zip Code
FL 33324

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SANSONE, ANTHONY ☒ Delete
102 WEST 500 SOUTH, SUITE 320
SALT LAKE CITY UT 84101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary ☐ Change ☒ Addition
Luis A. Medina
950 S Pine Island Rd St. 150
Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD ☐ Delete
BARLOW, GARY
1300 SAWGRASS CORPORATE PKWY STE 110
SUNRISE FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer ☒ Change ☐ Addition
Gary Barlow
950 S Pine Island Rd Ste.150
Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C ☐ Delete
REYNOLDS, BRIAN
1300 SAWGRASS CORPORATE PKWY STE 110
SUNRISE FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Chairman Of the Board ☒ Change ☐ Addition
Brian Reynolds and Co Ste. 150
950 S Pine Island Rd Ste.150
Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President and CEO ☐ Change ☒ Addition
Jorge Marchena
950 S Pine Island Rd Ste.150
Plantation, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03

Date

Daytime Phone #

03011745630