

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0188230 IN

DOCUMENT # **F01000006589**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 JUL 23 AM 9:22

1. Entity Name
ARGENT GLOBAL (BERMUDA), LTD. CO.

Principal Place of Business
**73 FRONT ST.
HAMILTON HMMX. BERMUDA**

Mailing Address
**PO BOX HM 3013
HAMILTON HMMX. BERMUDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

Zip Country Zip Country

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

**GREER, ALAN G
201 S. BISCAYNE BLVD., 10TH FL, MIAMI CTR
MIAMI FL 33131**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 Delete
NAME **D GUTTERIDGE, MARTIN**
STREET ADDRESS **XL CAPITOL #2 BERM-DIANO RD.**
CITY-ST-ZIP **HAMILTON HMXI, BERMUDA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **000021742820**

TITLE Delete
NAME **P COX, HENRY J**
STREET ADDRESS **73 FRONT ST.**
CITY-ST-ZIP **HAMILTON, HMMX, BERMUDA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **07/23/03--01039--007**

TITLE Delete
NAME **V MARSHALL, ALLAN D**
STREET ADDRESS **73 FRONT ST.**
CITY-ST-ZIP **HAMILTON HMMX, BERMUDA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
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 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: _____ **NOTAR PUBLIC REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (4/03)