

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90012 047 ***155.00

DOCUMENT # F21052

1. Entity Name

GLOBAL REPORTING, INC.

Principal Place of Business

Mailing Address

6501 SW 2ND ST
 PEMBROKE PINES FL 33023-1210

6501 SW 2ND ST
 PEMBROKE PINES FL 33023-1210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2069865

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

HARDING, ROBERT
6501 SW 2ND ST
PEMBROKE PINES FL FL 33023

Name **RICHARD SANDS**

Street Address (P.O. Box Number is Not Acceptable)
19001 N.E. 14th AVE
APT 144

City **Miami**

FL

Zip Code **33179**

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

Richard Sands

Richard Sands

01-31-2000

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

(NOTE: Registered 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | HARDING, ROBERT | |
| STREET ADDRESS | 6501 SW 2ND ST | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HARDING, ROBERT | |
| STREET ADDRESS | 6501 SW 2ND ST | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| NAME | | |
| STREET ADDRESS | | |
| 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Harding

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-2000 (305) 210-1609

Date

Daytime Phone #

710704



DO NOT WRITE IN THIS SPACE