

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002311

1. Entity Name
GLOBALTRON COMMUNICATIONS CORPORATION

Principal Place of Business Mailing Address
201 CRANDON BLVD #827 201 CRANDON BLVD #827
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 SEP 25 PM 1:15

2. Principal Place of Business
100 NORTH BISCAYNE BLVD
 Suite, Apt. #, etc.
#2500
 City & State **MIAMI FL**

3. Mailing Address
100 NORTH BISCAYNE BLVD
 Suite, Apt. #, etc.
#2500
 City & State **MIAMI FL**

Zip **33132** Country
 Zip **33132** Country

DO NOT WRITE IN THIS SPACE


4. FEI Number **650900847** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED
1 EAST BROWARD BLVD #700
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name **HERBERT B. MARGOLIS**
 Street Address (P.O. Box Number is Not Acceptable)
100 North Biscayne Blvd
#2500
 City **MIAMI** FL Zip Code **33132**

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  **HERBERT B. MARGOLIS** Director 9/21/2000
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

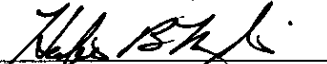
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARY D. MORGAN 201 CRANDON BLVD #827 KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARY D. MORGAN 45 BROADWAY, 17 FLOOR NEW YORK NY 10006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAM A. KOHLER 201 CRANDON BLVD #827 KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARY P. STUKES 45 BROADWAY, 17 FLOOR NEW YORK NY 10006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREVOR P. PRICHETT 201 CRANDON BLVD #827 KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT B. MARGOLIS 100 NORTH BISCAYNE BLVD #2500 MIAMI FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Director 9/21/2000 3053713100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)