

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002311

1. Entity Name

GLOBALTRON COMMUNICATIONS CORPORATION

Principal Place of Business

100 NORTH BISCAYNE BLVD
#2500
MIAMI FL 33132

Mailing Address

100 NORTH BISCAYNE BLVD
#2500
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MANGOLIS, HERBERT B
100 NORTH BISCAYNE BLVD
#2500
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

City PLANTATION

FL

Zip Code 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.

SIGNATURE CT CORPORATION SYSTEM

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

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, 2001 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

TITLE C
NAME MORGAN, GARY D
STREET ADDRESS 45 BROADWAY, 17 FLOOR
CITY-ST-ZIP NEW YORK NY 10006 ☒ Delete

TITLE P
NAME STUKES, GARY P
STREET ADDRESS 45 BROADWAY, 17 FLOOR
CITY-ST-ZIP NEW YORK NY 10006 ☒ Delete

TITLE D
NAME MARGOLIS, HERBERT B
STREET ADDRESS 100 NORTH BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33132 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/CEO/P/S
NAME FITZGERALD, KEVIN
STREET ADDRESS 100 N. BISCAYNE BLVD #2500
CITY-ST-ZIP MIAMI FL 33132 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2001

Date

(305) 371-3300

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90108 006 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)