## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F99000002895 May 24, 2000 8:00 am Secretary of State THEGLOBALBUYER.COM, INC. 05-24-2000 90190 012 \*\*\*150.00 Mailing Address Principal Place of Business 210 OSCEOLA WAY 210 OSCEOLA WAY PALM BEACH FL 33480-3133 PALM BEACH FL 33480 103024 3. Mailing Address 2. Principal Place of Business [620 MICHIGAN AVE 1680 MICHIGAN AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. حاماا 1106 SLITE SUNTE Applied For 4. FEL Number City & State City & State 65-0923534 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANGELL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 250 ROYAL PALM WAY, STE 300 PALM BEACH FL 33480 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating). FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change 1 ☐ Addition CT Delete TITLE TITLE & COLE, MATTHEW, E COLE, MATTHEW E NAME NAME LLBOMICHIGHN AUZ, HIIOLO STREET ADDRESS STREET ADDRESS 210-OSCEOLA WAY CITY-ST-ZIP MIANT BRACK, FL CITY-ST-ZIP PALM BEACH FL 33480 🗶 Change ☐ Addition TITLE ☐ Delete massow, Arcthur MASSOLO, ARTHUR NAME NAME 1680 MICHIGAN AUR, #1106 STREET ADDRESS STREET ADDRESS 573-LONGWOOD-AVENUE CITY-ST-7IP MIANT BRACK, FL 33139 CITY-ST-ZIP GLENCOE IL 60022 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 trusted 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

" / /// A d/N - ceg wa

☐ Delete

MATTHEW COR, CHAIRMAN

MAY 1, 2000 3

305-645-25

☐ Addition

Daytime Phone #

☐ Change