

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006393

1. Entity Name

INTERNATIONAL GLOBTRADE, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90036 048 \*\*\*150.00

Principal Place of Business

Mailing Address

36 S. WABASH AVENUE, SUITE 602  
CHICAGO IL 60603

36 S. WABASH AVENUE, SUITE 602  
CHICAGO IL 60603

2. Principal Place of Business

3. Mailing Address

2656 W. MONTROSE AVE.  
Suite, Apt. #, etc.

2656 W. MONTROSE AVE.  
Suite, Apt. #, etc.

SUITE 202/03

SUITE 202/03

City & State

City & State

CHICAGO, IL

CHICAGO, IL

Zip

Country

60618

USA

Zip

Country

60618

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

JANKOVICH, SPIRO  
C/O AFRICA MIDEAST LINE  
9050 PINES BLVD., SUITE 460  
PEMBROKE PINES FL 33024

Name

SPIRO JANKOVICH C/O GWEN STOR

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

54 SOUTH MONROE

City

BEVERLY HILLS

FL

Zip Code

34465

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

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 PC ☒ Delete  
NAME JANKOVICH, SPIRO  
STREET ADDRESS 36 S. WABASH AVENUE, SUITE 602  
CITY-ST-ZIP CHICAGO IL 60603

TITLE PC ☒ Change ☐ Addition  
NAME JANKOVICH, SPIRO  
STREET ADDRESS 2656 W. MONTROSE AVE. SUITE 202/03  
CITY-ST-ZIP CHICAGO, IL 60618

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

Date

Daytime Phone #

CR2E034 (9/99)