FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92195 046 ***150.00

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DOCUMENT # G98700

1. Entity Name

GLOBAL MARKETING ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
626 CORAL WAY APT #704	626 CORAL WAY
Suite, Apt. #, etc.: APT #704	Suite, Apt. #, etc.: APT #704
City & State: CORAL GABLES-FL	City & State: CORAL GABLES-FL
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: USA

4. FEI Number: 59-2658072 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JUAN B. SAGUE

Street Address (P.O. Box Number is Not Acceptable): 626 CORAL WAY #704

City: CORAL GABLES FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	JUAN B. SAGUE
STREET ADDRESS	626 CORAL WAY #704
CITY-ST-ZIP	CORAL GABLES-FL 33134
TITLE	D/S
NAME	LILIA M. SAGUE
STREET ADDRESS	626 CORAL WAY #704
CITY-ST-ZIP	CORAL GABLES, FL 33134
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN B SAGUE 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #