

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K37914

1. Entity Name

GLOBAL MOTORS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90021 038 \*\*\*150.00

Principal Place of Business

541 NW 79TH ST  
MIAMI FL 33150

Mailing Address

541 NW 79TH ST  
MIAMI FL 33150-2867  
US

2. Principal Place of Business

7915 N.W. 5<sup>th</sup> St.

Suite, Apt. #, etc.

3. Mailing Address

7915 N.W. 5<sup>th</sup> Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami FL 33150

4. FEI Number 65-0080161

Applied For

Not Applicable

Zip

33150

Country

U.S. A.

Zip

33150

Country

U.S. A.

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

Name

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

City

FL

Zip Code

PALACIO, MARIA DAYSI  
2961 SW 39TH AVE  
MIAMI FL 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.

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	V	<input type="checkbox"/> Delete
NAME	IBARGUEN, CARLOS	
STREET ADDRESS	3001 NW 99 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	VALENCIA, FRANCISCO	
STREET ADDRESS	3001 NW 99TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SOM	<input type="checkbox"/> Delete
NAME	PALACIO, MARIA L	
STREET ADDRESS	2961 SW 39TH AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Palacio, Maria Daysi	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Maria Daysi Palacio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar - 09 - 2000 758-1881  
Date Daytime Phone #

CR2E034 (9/99)