## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 15, 2001 8:00 am DOCUMENT # K37914 Secretary of State GLOBAL MOTORS, INC. 03-15-2001 90206 015 \*\*\*150.00 Principal Place of Business Mailing Address 7915 NW 5TH ST 7915 NW 5TH ST MIAMI FL 33150 MIAMI FL 33150 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0080161 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALACIO, MARIA DAYSI Street Address (P.O. Box Number is Not Acceptable) 2961 SW 39TH AVE **MIAMI FL 33134** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITI F ☐ Delete TITLE **IBARGUEN, CARLOS** NAME STREET ADDRESS STREET ADDRESS 3001 NW 99 AVE CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE VALENCIA, FRANCISCO NAME NAME STREET ADDRESS 3001 NW 99TH AVE STREET ADDRESS CITY-ST-7IP **MIAMI FL 33172** CITY-ST-ZIP SOM ☐ Addition TITLE ☐ Dêlete TITLE ☐ Change PALACIO, MARIA D NAME NAME 2961 SW 39TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33134 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 D

Daysi Palacio 02-28-01