2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					APPROVEC			
DOCUMENT # L0000002622 1. Entity Name					AND FILED			
GLOBAL EN				01 APR 27	PM 2: 19			
Principal Place of Business 15515 NW 83RD AVENUE MIAMI LAKES FL 33016		Mailing Address 15515 NW 83RD AVENUE MIAMI LAKES FL 33016	•		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address	The state of the s					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	. FEI Number	994142	 	oplied For
Zip	Country	Zip	Country	5.	. Certificate of SI		\$5.00 Add	ditional
6	. Name and Address of Current	Registered Agent		7.	Name and Add	ress of New Registe	Fee Require ered Agent	0
			Name					
MCCALL, JOHN P 15515 NW 83RD AVENUE MIAMI LAKES FL 33016			Street Address (P.O. Box Number is Not Acceptable)					
			City FL Zip Code					
8. The above nam	ned entity submits this statement for	or the purpose of changing its	registered office of	or registered a	agent, or both, in	the State of Florida.		
SIGNATURE	iture, typed or printed name of registered agent	and title if applicable (N/TE)	egistered Agent signa	ature required when	o reinetating)		DATE	
Signe	(ure, typeo or primed name or oglacioso agent		VIII FEE IS	\$50.00	800	000421 -05/15/01- *****55.0	8388- 01130(104 5.00
9.	MANAGING MEMB	ERS/MEMBERS	10.	<u> </u>		ADDITIONS/CHAP	NGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. D 7578	ident avid Sho N.W. 5		☐ Change	⊠ Addition
TITLE NAME STREET ADDRESS		. □ Delete	TITLE NAME STREET ADDRESS	Vice Chri 1551	Presid stopher 5 NW 83	ent-Opera K. McCal Avenue	tion Change 1	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	John 1551	P. McC	Avenue	330.1.6 Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		1, Flor	<u>ida 33016</u>	Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	*******	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
								

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John P. M. Ca LETE POR CONTROL OF SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER, MANAGIR, OR AUTHORIZED REPRESENTATIVE