

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010022

1. Entity Name
GLOBAL FX ENTERPRISES, LLC

Principal Place of Business
2941 SW 87TH AVE. #401
DAVIE FL 33328

Mailing Address
2941 SW 87TH AVE. #401
DAVIE FL 33328

FILED

01 JUN -4 PM 2:00

SECRETARY OF STATE
TREASURER



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2941 SW 87 AVE #401
Suite, Apt. #, etc.

3. Mailing Address
1912 SO UNIVERSITY DR.
Suite, Apt. #, etc.
#182

City & State
DAVIE, FL

City & State
DAVIE FL

4. FEI Number
65-1033773

Applied For
Not Applicable

Zip
33328 Country
USA

Zip
33324 Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ.
1201 US HIGHWAY ONE, SUITE 240A
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
FRASER SIMPSON
Street Address (P.O. Box Number is Not Acceptable)
1912 SO UNIVERSITY DR. #182
City
DAVIE FL Zip Code
33324

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
FRASER SIMPSON
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR OF OPERATIONS
FRASER SIMPSON
1912 SO UNIVERSITY DR. #182
DAVIE, FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
XIMENA SIMPSON
1912 SO. UNIVERSITY DR #182
DAVIE, FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004420164-4
-06/14/01--01073--020
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

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

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:

FRASER SIMPSON

4/24/01 (454) 424 6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)

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