

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010023

1. Entity Name
GLOBAL FX, LLC

Principal Place of Business

2941 SW 87TH AVE., #401
DAVIE FL 33328

Mailing Address

2941 SW 87TH AVE., #401
DAVIE FL 33328

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

Zip

33328

Country

USA

City & State

DAVIE, FL

Zip

33324

Country

USA

4. FEI Number

65-1033768

Applied For

Not Applicable

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KIMENA SIMPSON 1912 SO UNIVERSITY DR. #182 DAVIE, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004419583-00 -06/14/01--01053--003 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

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

4/24/01 (954) 424-6158

Date

Daytime Phone #

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE