

2001 UNIFORM BUSINESS REPORT (UBR)

0012007 AF

DOCUMENT # L00000011333

1. Entity Name
GLOBAL FRANCHISE DEVELOPMENT, LLC

FILED

01 FEB -5 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4305 NE 21ST AVE
SUITE 6
FT LAUDERDALE FL 33308

Mailing Address
4305 NE 21ST AVE
SUITE 6
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1070980

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KANOUSE, KEITH J
6879 GIRALDA CIR
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name
~~XXXXXXXXXXXXXXXXXXXX~~
Street Address (P.O. Box Number is Not Acceptable)
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
City FL Zip Code

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
Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2/2/01

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

100003672991--0
-02/09/01--01096--018
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, JOANN 4305 NE 21ST AVE SUITE 6 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, PETER 1515 E BROWARD BLVD #322 FT LAUDERDALE FL 33301	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2.2.01 954-776-6352
Date Daytime Phone #

CR2E083 (11/00)