

2001 UNIFORM BUSINESS REPORT (UBR)

0013059 AF

DOCUMENT # L00000013181

1. Entity Name
GLOBAL GROUP DEVELOPMENT, L.L.C.

FILED

01 APR -2 PM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2500 WESTON RD., STE. 105
WESTON FL 33331

Mailing Address
2500 WESTON RD., STE. 105
WESTON FL 33331

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KREILING, EDWARD PAUL ESQ.
2500 WESTON RD., STE. 220
WESTON FL 33331

7. Name and Address of New Registered Agent

Name DAVID ORTIZ, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2500 WESTON RD., #105
City WESTON FL 33331

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 (NOTE: Registered Agent signature required when reinstating) 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
MANAGING MEMBER DAVID ORTIZ, P.A. 2500 WESTON RD., #105 WESTON, FL 33331 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGING MEMBER DOUGLAS BRICENO 2500 WESTON RD., #105 WESTON, FL 33331 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME 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 ☐ Change ☐ Addition
100003963871-9
-04/06/01--01074--025
*****50.00 *****50.00

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

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

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

Date Daytime Phone #

CR2E083 (11/00)