

# 2001 UNIFORM BUSINESS REPORT (UBR)

000003 4

**DOCUMENT #** L00000013451  
**1. Entity Name**  
 GLOBAL SMART BUSINES, L.C.

**FILED**  
 01 JUL 30 AM 8:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**  
 C/O BANDER FOX-ISOFF & ASSOCIATES PA  
 444 BRICKELL AVE SUITE 300  
 MIAMI FL 33131

**Mailing Address**  
 C/O BANDER FOX-ISOFF & ASSOCIATES PA  
 444 BRICKELL AVE SUITE 300  
 MIAMI FL 33131

**2. Principal Place of Business**  
 1 NE 1st Street

**3. Mailing Address**  
 1 NE 1st Street.

Suite, Apt. #, etc.  
 SUITE # 316

Suite, Apt. #, etc.  
 Suite # 316

City & State  
 MIAMI, FLA

City & State  
 MIAMI, FLA

DO NOT WRITE IN THIS SPACE

Zip 33132 Country U.S.A.

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**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**  
 CORPORATE CREATIONS NETWORK INC  
 941 FOURTH STREET #200  
 MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**  
 Name Miguel Figueroa  
 Street Address (P.O. Box Number is Not Acceptable)  
 114 Brickell Bay Dr Suite 3308  
 City Miami FL Zip Code 33131

**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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 04/25/01

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State  
 700004513467--6  
 -08/03/01--01005--020  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
	<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V. P. MARKETING MIGUEL FIGUEROA 1 NE 1st Street Suite 316 MIAMI, FLA 33132	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V. P. of OPERATIONS ENRIQUE HOLINA 1 NE 1st. Street Suite 316 MIAMI, FLA 33132	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**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]* DATE 04/25/01 DAYTIME PHONE # 305 379 6320

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

CR2E083 (11/00)