

2001 UNIFORM BUSINESS REPORT (UBR)

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

Zip 33132 Country U.S.A.

Zip 33132 Country U.S.A.

DO NOT WRITE IN THIS SPACE

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 Figuera
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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/01
DATE

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V.P. MARKETING ☐ Change ☒ Addition
NAME MIGUEL FIGUEROA
STREET ADDRESS 1 NE 1st Street Suite 316
CITY-ST-ZIP MIAMI, FLA 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V.P. of OPERATIONS ☐ Change ☒ Addition
NAME ENRIQUE HOLINA
STREET ADDRESS 1 NE 1st Street Suite 316
CITY-ST-ZIP MIAMI, FLA 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

04/25/01 305 379 6320
Date Daytime Phone #

CR2E083 (11/00)