

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

0002739

DOCUMENT # L01000012320

1. Entity Name

GLOBAL ASSETS ADVISORS, LLC

05-06-2002 90125 038 ****50.00

05-08-2002 90076 033 ****55.00

Principal Place of Business

**250 PARK AVENUE SOUTH
WINTER PARK FL 32789**

Mailing Address

**250 PARK AVENUE SOUTH
WINTER PARK FL 32789**

450010

2. Principal Place of Business

300 S. Orange Ave

Suite, Apt. #, etc.

Ste 1100

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Address

300 S. Orange Ave.

Suite, Apt. #, etc.

Ste 1100

City & State

Orlando, FL

Zip

32801

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3746852

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **DIEGO JULIO VEITIA**
STREET ADDRESS **250 PARK AVENUE SOUTH**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Lakeside Assets, LLC**
STREET ADDRESS **300 S. Orange Ave. Ste 1100**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **MGR** ☐ Change ☒ Addition
NAME **menashe Frankel**
STREET ADDRESS **300 S. Orange Ave, Ste 1100**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Todd A. Boren**
STREET ADDRESS **300 S. Orange Ave. Ste 1100**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Michael M. Ward**
STREET ADDRESS **300 S. Orange Ave. Ste 1100**
CITY-ST-ZIP **Orlando, FL 32801**

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

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

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: Todd A. Boren

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

3/5/02 407-254-1500

Date Daytime Phone #

CR2E083 (9/01)