

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000017427

FILED  
Apr 25, 2002 8:00 AM  
Secretary of State

Entity Name: GLOBAL IT PARTNERS, LLC

## Current Principal Place of Business:

9115 WOODRIDGE RUN DR.  
TAMPA, FL 33647

## New Principal Place of Business:

21671 MARIGOT DR  
BOCA RATON, FL 33428 US

## Current Mailing Address:

9115 WOODRIDGE RUN DR.  
TAMPA, FL 33647

## New Mailing Address:

21671 MARIGOT DR  
BOCA RATON, FL 33428 US

FEI Number: 59-3749116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, DARRELL S  
9115 WOODRIDGE RUN DR.  
TAMPA, FL 33647

## Name and Address of New Registered Agent:

JOVEL, EFRAIN PRES.  
21671 MARIGOT DR  
BOCA RATON, FL 33428 US

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: EFRAIN JOVEL

04/25/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: JOVEL, EFRAIN PRES  
Address: 21671 MARIGOT DR  
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGRM ( ) Change (X) Addition  
Name: JOHNSON, DARRELL S  
Address: 17723 NATHAN'S DR  
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EFRAIN JOVEL

MGR

04/25/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date