## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000030535

1. Entity Name

SIGNATURE: ARID TYPED OR PE



## **FILED** Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90048 045 \*\*\*\*50.00

305-365-7801

Daytime Phone #

GLOBAL TI	RADE LLC			<b>)</b>					
Principal Place of Business 785 CRANDON BLVD. APT. # 306 KEY BISCAYNE FL 33149 JS		Mailing Address 785 CRANDON BLVD. APT. # 306 KEY BISCAYNE FL 33149 US			<b>   </b>			(1 <b>5</b> 14) 1 <b>68</b> (	
2. Principal Place of Business 104 5 RAN OON BLV		3. Mailing Address 104 BRAJOO) BLVO							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HER	E IF MAKING			
Key BUCAYNE FL		Key By Cayn FL		-4. FEI Number 05-0540115 — Applied For Not Applicable					
33149	Country USA	33/44   (	suntry		e of Status Desired	F	55.00 Addi ee Required		
	6. Name and Address of Current I	Name	/. Name an	d Address of New	Registered A	gem			
GOMEZ, DIEGO G 785 CRABDON BLVD.			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
APT.# 306 KEY BISCAYNE FL 33149			104	BRANdo	J BLVd.	Suite 4			
	101		City Key	BLICKY		FL	Zip Code		
8. The above named entity shortists this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed at printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							ing accept		
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003									
9.	MANAGING MEMBE		10.	- R	ADDITION	S/CHANGES	Change	☐ Addition §	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MGR GOMEZ, DIEGO G 785 CRANDON BLVD., APT.# 30 KEY BISCAYNE FL 33149	- 55,000 	NAME STREET ADDRESS CITY-ST-ZIP	Me + DIR + Brandon + Brandon	90 5 PBLVd. SV.T e.FL 33/49			2E783 (10)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAMBACH, FABIO A 600 GRAPETREE DRIVE, APT.# KEY BISCAYNE FL 33149	11DS	STREET ADDRESS -194	mbach Fa Frandod y Blicaya	BLVd. JUIL		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NE) BIOCATRE JE COTTO	-	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>/</del>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ 55555	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	
امحاد مناسبة	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or truste	l that my cianatura chall have the s	ame legal effect as:	it made under oa	in: mai i am a ma	es. I further cer naging membe	tify that the in ir or manage	formation r of the	

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date