2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M33883** 1. Entity Name GLOBAL FOLIAGE, INC. Principal Place 23245 SW 162 HOMESTEAD F 2. Principal Pl Suite, Apt. City & State Zip

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90189 046 ***158.75

HOMESTEAD FL 33031		Mailing Address 23245 SW 162 AVENUE HOMESTEAD FL 33031-1307							
		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WE	RITE IN THIS SP	ACE		
City & State		City & State	City & State		FEI Number 59-280312	Applied For Not Applicable			
Zip	Country	Zip	- Country	5.	Certificate of Status Desired		8.75 Add	itional	ŀ
	6. Name and Address of Current	Pagistarad Agent		_	Name and Address of New				ĺ
	6. Name and Address of Current	negistered Agent	Nam		Haile and Address of Hen	riegistered Ag	CIII		ĺ
9100	AND, ROBERT C. SOUTH DADELAND BLVD.				Box Number is Not Acceptab	ole)			
	DATRAN CENTER, S-1409 Al FL 33156		City	 .		FL	Zip Code	<u> </u>	
8. The above	named entity submits this statement for	or the purpose of changing its	registered offic	e or registered ac	gent, or both, in the State of F	lorida.	<u> </u>	_	
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	. Registered Agent s	gnature required when r	reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of		10. Election Campaign F Trust Fund Contributi			May Be to Fees	
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13. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like impowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR