NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-24-2002 90004 005 ***70.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 13 AM 9:09

DOCUMENT #N02000000569

1. Entity Name

GLOBAL FORCE. OR6, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O.B. 3163	P.O.B. 3163
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BCH, FL	City & State: PALM BEACH, FL
Zip: 33480-1363 Country: USA	Zip: 33480-1363 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1083488 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RAYBURN WHITE

Street Address (P.O. Box Number is Not Acceptable): 4572 BIMINI LN.

City: WEST PALM BEACH FL Zip Code: 3341[illegible]

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

FEE IS $61.25 ~~+ $8.75 = $70.00~~ **Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, CHAIRMAN, DIRECTOR
NAME	MARQ QUARIUS
STREET ADDRESS	4522 BIMINI LN.
CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	VICE PRESIDENT, SECRETARY, DIRECTOR
NAME	PAUL, JUANITA
STREET ADDRESS	129 S. GOLF VIEW RD APT 1
CITY-ST-ZIP	LAKEWORTH, FL 33460
TITLE	
NAME	WHITE, RAYBURN L., DIRECTOR
STREET ADDRESS	4572 BIMINI LN.
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	
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CR2E037B (12/01)

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/9/2002 (561) 586400[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #