

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000106

1. Entity Name

THE GLOBE LINK FOUNDATION, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90007 011 ****61.25

Principal Place of Business
ANTIQUEERA #3
 101 MAJORCA AVENUE
 CORAL GABLES FL 33134

Mailing Address
ANTIQUEERA #3
 101 MAJORCA AVENUE
 CORAL GABLES FL 33134

2. Principal Place of Business

101 ANTIQUEERA AVE #3
 Suite, Apt. #, etc.

3. Mailing Address

101 ANTIQUEERA AVE
 Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip **33134**

Country **USA**

Zip **33134**

Country **USA**

4. FEI Number

65-0606576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERRANO, AMESIL

15370 SW 104 TERRACE

#8

MIAMI FL 33196

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 \$61.25

After September 12, 2001, min. will be \$236.25

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 ☐ Delete

NAME **DP SERRANO, AMESIL**
 STREET ADDRESS **15370 SW 104 TERRACE #8**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete

NAME **DV LONGORIA, SALVADOR**
 STREET ADDRESS **15370 SW 104 TERRACE #8**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☒ Delete

NAME **DT SERRANO, GERMAN**
 STREET ADDRESS **15370 SW 104 TERRACE #8**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☒ Delete

NAME **DS LONGORIA, SALVADOR**
 STREET ADDRESS **15370 SW 104 TERRACE #8**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME **101 ANTIQUEERA AVE #3**
 STREET ADDRESS **CORAL GABLES, FL 33134**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **101 ANTIQUEERA AVE #3**
 STREET ADDRESS **CORAL GABLES, FL 33134**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **DT CALDERIN, CAROLINA**
 STREET ADDRESS **3167 ALHAMBRA CIRCLE**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☒ Change ☐ Addition

NAME **DS ADRIANA GONZALEZ**
 STREET ADDRESS **101 ANTIQUEERA AVE #3**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

9.10.01 (25)448-1015

000160

CR2E037 (5/01)