

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90025 006 ****61.25

DOCUMENT

1. Entity Name

GLOBAL MINDLINK FOUNDATION, INC.

Principal Place of Business

Mailing Address

160 SW 12th Ave.
#103B
Deerfield Beach
FL 33442

160 SW 12th Ave.
#103B
Deerfield Beach,
Fl. 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0630341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Battista, Denise
160 SW 12th Ave. #103B
Deerfield Beach, Fl. 33442

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDST	<input type="checkbox"/> Delete
NAME	Battista, Denise	
STREET ADDRESS	160 SW 12th Ave. #103B	
CITY-ST-ZIP	Deerfield Beach, Fl. 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	Battista, Daniel W	
STREET ADDRESS	160 SW 12th Ave. #103B	
CITY-ST-ZIP	Deerfield Beach, Fl. 33442	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	Gary Vance	
STREET ADDRESS	160 SW 12th Ave. #103B	
CITY-ST-ZIP	Deerfield Beach, Fl. 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	Lynne Tallman	
STREET ADDRESS	160 SW 12th Ave. #103B	
CITY-ST-ZIP	Deerfield Beach, Fl. 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)