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

FILED May 15, 2002 8:00 am Secretary of State 05-15-2002 90062 006 ****61.25

	DOCUMENT # N95000003882	
l	Global Mindlink Foundation,	Inc.
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Principal Place of Business									
160 SW 12th Ave. 10 Suite, Apt. #, etc.		160 SW 1 Súite, Apt. #, etc.	160 SW 12th Ave.			DO NOT WOLLEN, THE OR	.05		
=======================================	#103B	#10	3B			DO NOT WRITE IN THIS SP.	ACE.		
City & State Deerfield Beach, Fl.		City & State Deerfiel	City & State Deerfield Beach, Fl.		4. FEI Number 65 – 06:	30341	Applied For Not Applicable		
Zip 33442	Country Broward	Zip 33442	Cour	itry	5. Certificate of St		8.75 Additional		
1		33112			7. Name and Addre	ss of Current Registered A	, , , , , , , , , , , , , , , , , , ,		
	DO NOT W	o oo o	p 45,000 to 44 1 .		enise Batti				
	DO NOT W	·		Street Addre	ss (P.O. Box Number is N 0 SW 12th Z	(P.O. Box Number is Not Acceptable) SW 12th Ave. #103B			
,	IN THIS SP	ACE			<u> </u>	<u> </u>	-		
				^{City} Dee	rfield Bead	h, Fl FL	Zig §944 2		
8. The above	e named entity submits this statement for	the purpose of changing	its registered	office or regis	stered agent, or both, in	he state of Florida.			
$F_{i} = \bigoplus_{i=1}^{d_{i}}$	•			ᢤ.					
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (N	OTE: Registered A	l, Agent signature requ	uired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		
	FEE IS \$61.25 Initial or Amended UBR	9. Election C Trust Fund	ampaign Find Contribution		\$5.00 May Be Added to Fees	Make Check F Department			
10.	OFFICERS AND DIR	ECTORS			· · · · · · · · · · · · · · · · · · ·				
TITLE NAME 'STREET ADDRESS CITY-ST-ZIP	Battista, Denise 160 SW 12th Ave. Deerfield Beach,		TITLE NAME STREET CITY-S'	ADDRESS			CR2E037B (12/01)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Battista, Daniel 160 SW 12th Ave. Deerfield Beach,		TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP			CRZEC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 SW 12CH AVE. #103B		TITLE* NAME STREET: CITY-ST	ADDRESS	DO	NOT WRIT	E		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET / CITY-ST	i.					
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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 ligal 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 97, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

(954)

SIGNATURE:

CITY-ST-ZIP

Denise Batti SIGNATURE AND TYPED OR PRINTED N.

2/24/2002

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