

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005930**

1. Entity Name

GLOBAL MISSION, INC.**FILED**
Oct 03, 2002 8:00 am
Secretary of State

10-03-2002 90051 045 ****61.25

Principal Place of Business

**6340 SOUTHWEST 33RD STREET
MIRAMAR FL 33023**

Mailing Address

**6340 SOUTHWEST 33RD STREET
MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0953378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WRIGHT, NEVILLE I
STREET ADDRESS 6340 SOUTHWEST 33RD STREET
CITY-ST-ZIP MIRAMAR FL 33023TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME JOBSON, DELORES
STREET ADDRESS 6340 SOUTHWEST 33RD STREET
CITY-ST-ZIP MIRAMAR FL 33023TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE STD ☐ Delete
NAME JOBSON, ARISTOLE
STREET ADDRESS 6340 SOUTHWEST 33RD STREET
CITY-ST-ZIP MIRAMAR FL 33023TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 the empowered.

SIGNATURE: _____

SIGNATURE REQUIRED**NEVILLE I. WRIGHT 9/8/02****954 967 0770**

CR2E037 (4/02)