## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P0000010961 1. Entity Name GLOBAL BIO ENGINEERING CORP. 01-30-2001 90162 006 \*\*\*150.00 Principal Place of Business 6601 NW 14TH STREET. SUITE #5 KOI NW TAITH STREET, PLANTATION EL 33313 PLANTATION FL-33312 2. Principal, Place of Business 3. Mailing Address SW 47 Ave SW Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Sulte 1013 City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 25,14 HOLLWOOD BLVD 508 HOLLYWOOD FL 8. The above named entity submits this Alement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** OTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critéria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ZAYAS, LUIS NAME NAME 6601 NW 14TH STREET, SUITE #5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN Daytime Phone