

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90116 049 \*\*\*150.00

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**DOCUMENT # P00000033637**

1. Entity Name  
**GLOBAL EXPORTING, INC. OF KISSIMMEE**

Principal Place of Business  
**1194 E CARROLL ST  
 KISSIMMEE FL 34744**

Mailing Address  
**1194 E CARROLL ST  
 KISSIMMEE FL 34744**

2. Principal Place of Business  
**3037 Lions Ct**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3037 Lions Ct**  
 Suite, Apt. #, etc.

City & State  
**Kissimmee, Florida**

City & State  
**Kiss., Fl.**

4. FEI Number **59-3626059**

Applied For  
 Not Applicable

Zip  
**34744**

Country  
**USA**

Zip  
**34744**

Country  
**USA**

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**

**COLON, RAUL  
 2730 HERON LANDING DR  
 KISSIMMEE FL 34741**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D COLON, RAUL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>2730 HERON LANDING DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete	<b>D RIVERA, ANA M</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>2730 HERON LANDING DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 RAUL COLON Date: 2/18/02 Daytime Phone #: 407-908-6636

CR2E034 (9/01)