

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037525

1. Entity Name

GLOBAL INVESTMENT & FINANCIAL GROUP, INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90271 024 \*\*\*150.00

Principal Place of Business

665 NORTHEAST 195TH STREET #325  
MIAMI FL 33179

Mailing Address

665 NORTHEAST 195TH STREET #325  
MIAMI FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

CORPCO, INC.

2600 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
MIAMI FL 33133

Name

DIEGO G. BARONA

Street Address (P.O. Box Number is Not Acceptable)

300 71 STREET # 440

City

MIAMI BEACH

FL

Zip Code

33141

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/01

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, 2001 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

TITLE NAME **DIRECTOR / PRESIDENT** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **DIRECTOR / PRESIDENT** ☐ Change ☒ Addition  
STREET ADDRESS **DIEGO G. BARONA**  
CITY-ST-ZIP **665 NE 195 ST. #325**  
**MIAMI, FL 33179**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/01

Date

(305) 864-8180

Daytime Phone #

CR2E034 (10/00)