2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2001 8:00 am Secretary of State 05-23-2001 90227 034 ***150.00

DOCUMENT # POOC	000039873
GLOBAL WARE	HOUSING, INC.
Principal Place of Business 176 N.W. 20 ST.	Mailing Address 80 N.E. 13 ST.
MIAMI, FL 33127	MiAMI, 1= 2 33132
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

	GLOBAL WA	REHOUSING	, 10	C ,					
Principal Dis	ace of Business	A dellies A deles			4				
	N.W. 20 ST.	Mailing Address	N. 13	13 ST.					
MAIN	1, FL 33127	IM AM	., 1-L	33132	6	5991	7		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State					Applied For	
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired \$8.75 A		8.75 A	dditional	
	rrent Registered Agent	- 		Fee Required 7. Name and Address of New Registered Agent				-	
ALE	ENANDER, ELLIO	"		Name		- B. O. C. C. C.			1
1200 W. AV. # 726				Street Address (P.O. Box Number is Not Acceptable)					
MU	AMI BEACH FL	33139	ł						-
	,		ļ	City		FL	Zip Cox	de	1
8. The above	a named entity submits this stateme	ant for the oursees of changing it		d office or regletor	ed agent, or both, in the State of Flor		L		-
	o valved di miy dooring trilo diaterin	and the perpose of changing to	a registere	a onice or registers	ed agent, or both, in the state dishor	ida.			'
SIGNATURE		•							ĺ
-	Signature, typed or printed name of registered	agent and title if applicable (NO	TE: Rec stered	Agent signature required	when reinstating)	DATE			
9. This corp	oration is eligible to satisfy its Intan	gible Prese o FILE NOW	MA EE	9 5150 60					1
Tax filing	requirement and elects to do so.	T After MAY 1, 2	001 Fee v	vill be \$550.00	10. Election Campaign Fins Trust Fund Contribution		\$5.6	DO May Be id to Fees	
(See crite	ria on back)	Make Check Paya	ble to Del	partment of Stat	Trast vario congression		Aude	n io rees	
11.		AND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICE	CERS AND D	IRECTOF	RS IN 11	1_
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STREET ADDRESS			TREET	ADDRESS					
CITY-ST-ZIP			ORY-S						
13. I hereby o	ertify that the information supplied	with this filing does not qualify for			tion 119.07(3Vi). Florida Statutes 11	uther certify	that the i	oformation	

13. indicated on this report or supplemental report is true and accurate and that my sit nature shall have he 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 re juired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with arraddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OIR CTOR

305-371-9200