

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90019 026 ***150.00

DOCUMENT # P00000055547

1. Entity Name

GLOBAL DUDES, INC.

Principal Place of Business

~~909 PETRONIA ST. #27~~
~~KEY WEST FL 33040~~

Mailing Address

909 ELIZABETH ST.
 KEY WEST FL 33040

2. Principal Place of Business

619 CANFIELD LN
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3547
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

65-1015978

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33041

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

BOLLONG, CHRISTINE B ESQ.
 417 EATON ST.
 KEY WEST FL 33040

Name

PETER M. GINSBERG

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

619 CANFIELD LN

City

KEY WEST

FL

Zip Code

33040

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

Peter M. Ginsberg

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

(NOTE: Registered Agent signature required when reinstating)

4/8/01

DATE

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	GINSBERG, PETER M	619 CANFIELD LN.	KEY WEST FL 33040	<input type="checkbox"/>
VTD	MINKHIN, MICHAEL	909 ELIZABETH ST.	KEY WEST FL 33040	<input checked="" type="checkbox"/>
VTD	PETER M. GINSBERG	619 CANFIELD LN	KEY WEST, FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Peter M. Ginsberg PETER M. GINSBERG 4/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)