

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90292 002 ***150.00

DOCUMENT # P00000060372

1. Entity Name

GLOBAL ESCAPES, INC.

Principal Place of Business

**236 FLUVIA
 CORAL GABLES FL 33134**

Mailing Address

**236 FLUVIA
 CORAL GABLES FL 33134**

2. Principal Place of Business

184 Bahama Ave
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX
 Suite, Apt. #, etc.

C0030899



DO NOT WRITE IN THIS SPACE

City & State

Key Largo, FL

City & State

Key Largo, FL

4. FEI Number

65-1039335

Applied For

Not Applicable

Zip

33037

Country

Monroe

Zip

33037

Country

Monroe

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**MUNDEN, DENITA
 236 FLUVIA
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Munden, Denita

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

184 Bahama Ave

City

Key Largo

FL

Zip Code

33037

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

Denita Munden

2/7/01

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** ☐ Delete
 NAME **KITTO, CHARLES**
 STREET ADDRESS **236 FLUVIA**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VD** ☐ Delete
 NAME **MUNDEN, Denita**
 STREET ADDRESS **236 FLUVIA**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **184 Bahama Ave**
 CITY-ST-ZIP **Key Largo FL 33037**

TITLE ☒ Change ☐ Addition
 NAME **Munden, Denita**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

Denita Munden **3/2/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0161852