

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**  
 04-05-2001 90014 016 \*\*\*150.00

DOCUMENT # P00000061344

1. Entity Name

GLOBAL HOSTING CENTER INC.

Principal Place of Business

Mailing Address

9350 S. DIXIE HWY, SUITE 500  
 MIAMI, FL 33156

9350 S. DIXIE HWY, SUITE 500  
 MIAMI, FL 33156

2. Principal Place of Business

14 E. WASHINGTON ST.

3. Mailing Address

14 EAST WASHINGTON ST

Suite, Apt. #, etc.

SITE 500

Suite, Apt. #, etc.

SITE 500

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

A0042885

6. Name and Address of Current Registered Agent

LIPSON, GARY D.  
 9350 SOUTH DIXIE HWY, SUITE 1550  
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

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

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 D/P ☐ Delete  
 NAME MICHAEL LEWIS  
 STREET ADDRESS 14 EAST WASHINGTON ST., STE 500  
 CITY-ST-ZIP ORLANDO, FL 32801

TITLE D/UP/S ☐ Delete  
 NAME HARRY TIMMONS  
 STREET ADDRESS 14 EAST WASHINGTON ST., STE 500  
 CITY-ST-ZIP ORLANDO, FL 32801

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  
 CITY-ST-ZIP

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LEWIS

3/28/01

Date

Daytime Phone #

CR2E034 (11/00)