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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P00000067514 **Secretary of State** 1. Entity Name GLOBAL BUSINESS SOLUTIONS INTERNATIONAL, INC. 02-11-2002 90041 028 ***150.00 Principal Place of Business Mailing Address 1068 NW 99 AVENUE 1068 NW 99 AVENUE PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1024371 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TALBOT, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1068 NW 99 AVENUE PLANTATION FL 33322 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01)☐ Delete TITLE ☐ Change ☐ Addition NAME TALBOT, THOMAS W NAME STREET ADDRESS CR2E034 1068 NW 99 AVENUE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachme

SIGNATURE: