

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90002 028 ***150.00

0067786 AV

DOCUMENT # P00000092739

1. Entity Name

GLOBAL RESOURCE PROVIDER, INC.

Principal Place of Business

**9530 N.W. 8 CIRCLE
PLANTATION FL 33324**

Mailing Address

**9530 N.W. 8 CIRCLE
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1061602

Applied For

Not Applicable

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

**DIXON, MONROE ESQ.
4419-B BIRD ROAD
MIAMI FL 33155**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 | CEO | <input type="checkbox"/> Delete |
| NAME | BRAZA, MARIO S | |
| STREET ADDRESS | 1859 S.W. 122 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | PANGANIBAN, LEO R | |
| STREET ADDRESS | 9530 NW 8 CIRCLE | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | DALMACIO, NESTOR S | |
| STREET ADDRESS | 165 NE 120 STREET | |
| CITY-ST-ZIP | NORTH MIAMI FL 33161 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | BRAZA, CONNIE D | |
| STREET ADDRESS | 1859 SW 122 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01
Date

954-475-4924
Daytime Phone #

CR2E034 (5/01)

Attachment
A000023

00000092739

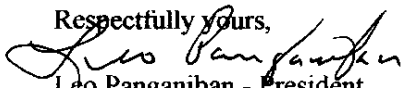
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500
July 9, 2001

Dear Sir/Madam,

This is a request to please wave the fine late filing on this new form. I have not received this form except last week. I have not seen this type of form before, even in my old corporation, I do not remember nor my accountant filing for this report. If I have received this earlier, we would have filed on time. I sent a copy to my registered agent and they too have not received an earlier mailing of this form. If they have, I believe they would have acted appropriately on my behalf. Please exempt us this time for the fine and accept the original amount of \$150.00 on this filing. The corporation is newly formed and does not have any activity yet.

Looking forward hearing from you and thank you in advance.

Respectfully yours,


Leo Panganiban - President
Global Resource Provider, Inc.