

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91284 009 ***150.00

DOCUMENT # P00000101126

1. Entity Name
GLOBAL SITCOM CORP.

Principal Place of Business

3041 NW 82ND AVE
MIAMI FL 33122

Mailing Address

3041 NW 82ND AVE
MIAMI FL 33122

2. Principal Place of Business

330 West 10th Street #2

Suite, Apt. #, etc.

3. Mailing Address

330 West 10th Street #2

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hialeah Florida

City & State
Hialeah, Florida

4. FEI Number
65-1052364

Applied For
Not Applicable

Zip
33010

Country
USA

Zip
33010

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RIZZI, TOMAS
3041 NW 82ND AVE
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

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

330 West 10th St #2

City

Hialeah

FL

Zip Code

33010

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

1/18/2002

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, 2002 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 **V** ☐ Delete
NAME **RIZZI, TOMAS**
STREET ADDRESS **3041 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **V5** ☒ Change ☐ Addition
NAME
STREET ADDRESS **330 West 10th St #2**
CITY-ST-ZIP **Hialeah FL 33010**

TITLE **P** ☐ Delete
NAME **MARTINEZ, ARMANDO**
STREET ADDRESS **3041 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **330 West 10th St #2**
CITY-ST-ZIP **Hialeah FL 33010**

TITLE **S** ☒ Delete
NAME **VAZQUEZ, MARGARITA**
STREET ADDRESS **3041 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33122**

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

TITLE **D** ☐ Delete
NAME **MOCEIA, JOSE**
STREET ADDRESS **3041 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **MOCEIA, JOSE**
STREET ADDRESS **330 West 10th St #2**
CITY-ST-ZIP **Hialeah FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2002 **(305) 883-8277**

Date

Daytime Phone #

0191397 AV

CR2E034 (9/01)