

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000101615**1. Entity Name
GLOTECX, INC.**Principal Place of Business**

9900 W. SAMPLE RD., STE. 300

CORAL SPRINGS
33065

FL

Mailing Address

9900 W. SAMPLE RD., STE. 300

CORAL SPRINGS
33065

FL

2. Principal Place of Business
210 N. UNIVERSITY DRIVE**3. Mailing Address**
210 N. UNIVERSITY DRIVESuite, Apt. #, etc.
SUITE 707Suite, Apt. #, etc.
SUITE 707City & State
CORAL SPRINGS

FL

City & State
CORAL SPRINGS

FL

Zip
33

Country

Zip
33061

Country

4. FEI Number
65-1051683

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDAHOD MICAH
9900 W. SAMPLE RD., STE. 300CORAL SPRINGS
33065

FL

7. Name and Address of New Registered Agent

Name

DAHOD MICAH

Street Address (P.O. Box Number is Not Acceptable)
210 N. UNIVERSITY DRIVE

SUITE 707

City
CORAL SPRINGS

FL

Zip Code
33061

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 **MICAH DAHOD****04/24/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAHOD AARIF 210 N. UNIVERSITY DRIVE, SUITE 707 CORAL SPRINGS FL 33061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DAHOD MICAH 210 N. UNIVERSITY DRIVE, SUITE 707 CORAL SPRINGS FL 33061	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Micah Dahod

P

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)