

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90364 037 ***158.75

DOCUMENT # P00000102648

1. Entity Name
TSI GLOBAL ALLIANCE CORP.



Principal Place of Business
**1500 WEST CYPRESS CREEK ROAD #407
FORT LAUDERDALE FL 33309**

Mailing Address
**1500 WEST CYPRESS CREEK ROAD #407
FORT LAUDERDALE FL 33309**



2. Principal Place of Business
1215 W. NEWPORT CTR DR

3. Mailing Address
1215 W. NEWPORT CTR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **02-0538447**

Applied For
Not Applicable

Zip
33442

Country
BROWARD

Zip
33442

Country
BROWARD

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

**MARKATIA, MOHAMMED A
1500 W CYPRESS CREEK
SUITE 407
FORT LAUDERDALE FL 33309**

Name
MARKATIA MOHAMMED A
Street Address (P.O. Box Number is Not Acceptable)
1215 W. NEWPORT CTR DR.
City
DEERFIELD BEACH FL Zip Code
33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
MARKATIA, MOHAMMED
1500 W CYPRESS CREEK RD STE 407
FORT LAUDERDALE FL 33309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
MARKATIA, MOHAMMED
1215 W. NEWPORT CTR DR
DEERFIELD BEACH, FL. 33442** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE Markatia** 1.20.03 954.418 86 20
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)