

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90038 010 \*\*\*150.00

0205112 AV

**DOCUMENT # P00000107130**

1. Entity Name

GLOBAL COMPUTING TECHNOLOGIES, INC.

Principal Place of Business

800 BRICKELL AVENUE, SUITE 900  
 MIAMI FL 33131

Mailing Address

800 BRICKELL AVENUE, SUITE 900  
 MIAMI FL 33131

2. Principal Place of Business

MIAMI

3. Mailing Address

SAME

Suite, Apt. #, etc.

901

Suite, Apt. #, etc.

SAME

City & State

MIAMI - FLORIDA

City & State

SAME

Zip

33131

Country

USA

Zip

Country

4. FEI Number

65-1055298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

OCAMPO, CARLOS A  
 800 BRICKELL AVENUE, SUITE 900  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

N/A

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

N/A

City

N/A

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-02  
 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, 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

TITLE PD  
 NAME OCAMPO, TULIO A  
 STREET ADDRESS 800 BRICKELL AVENUE, SUITE 900  
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE SD  
 NAME DUMAS, PAUL  
 STREET ADDRESS 800 BRICKELL AVENUE, SUITE 900  
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE VPD  
 NAME OCAMPO, CARLOS A  
 STREET ADDRESS 800 BRICKELL AVENUE, SUITE 900  
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

CR2E034 (9/01)

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02  
 Date

(305) 573-1117  
 Daytime Phone #