## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 27, 2001 8:00 am DOCUMENT # P00000109660 V **Secretary of State** 03-27-2001 90655 005 \*\*\*158.75 PAIMBEACH GLOBAL CORPORATION Principal Place of Business PL. Soite 1110 WEST PAIN BEACH, FL 33401 D0029146 DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Applied For City & State 4. FEI Number City & State <u>65-1063142</u> Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAURICE GULSON Name 1601 FORUM PL. ## 1110 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 37401 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 FILE NOWIL FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550,00 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) ☐ Addition TITLE Mihran Freeland ☐ Change 1601 Forem Pl. # 1110 Wast P. In Beach, FL 37401 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP Melissa Smith Change ☐ Addition TITLE DILE 1601 Forum Pl. ##1110 West Rh Bood, FL 35401 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_\_Addition\_[\_\_. Maurice Guson TITLE TITLE NAME NAME' 1601 Forum P.L. #1110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP City-ST-ZiP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expeats in Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR