AMENDMENT

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 PM 5:25

DOCUMENT # P00000012977

1. Entity Name

Global Financial Management Group, Inc.

Principal Place of Business	Mailing Address
290 NW 165th St., Suite PH2 N: Miami, FL 33169	290 NW 165th St. Suite PH2 N. Miami, FL 33169

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Messinger, David
20533 Biscay
Miami, F

7. Name and Address of New Registered Agent

Name: Michael J. Linde
Street Address (P.O. Box Number is Not Acceptable): 290 NW 165th St.
Suite PH2
City: N. Miami FL Zip Code: 33169

8. The above name office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 12.5.01
Signature, (signature required when reinstating) DATE

Validate $61.25
on each &
return to Sean

9. This corporation is el
Tax filing requirement
(See criteria on back)

150.00
e $550.00
ent of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Direc Messir 20533 Miami,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Director Bryon K. Hall 290 NW 165th St. STE PH@ N. Miami, FL 33169 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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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: Bryon K. Hall 12.5.01 (305)9475915