

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000016162

1. Entity Name
GLOBAL TRANSACTION INC

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90170 034 ***558.75

08/01/02 AV

Principal Place of Business
1560 WASHINGTON AVENUE, #103
MIAMI BEACH FL 33139

Mailing Address
1560 WASHINGTON AVENUE, #103
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
533 SW 8TH STREET
Suite, Apt. #, etc.

3. Mailing Address
533 SW 8 ST
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33139

City & State
MIAMI FL
Zip
33130

4. FEI Number
65-1075582
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BELVETT, LOSVILLE
1560 WASHINGTON AVENUE, #103
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
LOSVILLE BELVETT
Street Address (P.O. Box Number is Not Acceptable)
533 SW 8TH STREET
City MIAMI FL Zip Code 33130

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
D
BELVETT, LOSVILLE
1560 WASHINGTON AVENUE, #103
MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LOSVILLE BELVETT
533 SW 8TH STREET
MIAMI FL 33130

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-2002 305 490 0915

CR2E034 (4/02)