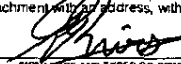


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90081 029 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P01000018264			
1. Entity Name GLOBAL STRATEGIES CONSULTANT, INC.			
Principal Place of Business 4875 NW 97TH PLACE MIAMI, FL 33178		Mailing Address 4875 NW 97TH PLACE MIAMI, FL 33178	
2. Principal Place of Business 6500 NW 114 AVE Suite, Apt. #, etc. APT 1022 City & State MIAMI, FL Zip 33178 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State City State Zip Country	
4. FEI Number 65-1081348		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RIVAS, EDUARDO A 4875 NW 97TH PLACE MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agents signature required when venturing) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD RIVAS, EDUARDO A 4875 NW 97TH PLACE MIAMI, FL 33178		Change Addition	
VD RIVAS, RAMON E 4875 NW 97TH PLACE MIAMI, FL 33178		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		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: 		Ramon Rivas 03/15/2003 (305) 528-6881	