

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

DOCUMENT # P01000022774

1. Entity Name

Global Strategic Consulting Inc.



FILED

03 APR 29 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

02-03

2. Principal Place of Business
7822 Northwest 169th Terrace

Suite, Apt. #, etc.

3. Mailing Address
7822 Northwest 169th Terrace

Suite, Apt. #, etc.

City & State
Hialeah, Florida

City & State
Hialeah, Florida

4. FEI Number
65-1083283

Applied For
Not Applicable

Zip
33016

Country

Zip
33016

Country

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

7. Name and Address of Current Registered Agent

Name
Mariano A. Lapargada

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

7822 Northwest 169th Terrace.

City
Hialeah, Florida

FL Zip Code
33016

**DO NOT WRITE
IN THIS SPACE**

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

Mariano A. Lapargada

Mariano A. Lapargada

03/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mariano A. Lapargada
7822 Northwest 169th terr., Hialeah Fl. 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500018568845
05/08/03--01065--029 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mariano A. Lapargada

Mariano A. Lapargada

03/13/03

(786) 277 - 8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

gt 4/30