

5/21

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 10, 2002 8:00 am
Secretary of State

05-21-2002 90894 011 ***150.00

DOCUMENT # P01000025728**1. Entity Name**
GLOBAL TECHNOLOGY, INC.**Principal Place of Business****11400 SW 88TH STREET SUITE 114**
MIAMI FL 33176**Mailing Address****11400 SW 88TH STREET SUITE 114**
MIAMI FL 33176**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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****LAMONT & NEIMAN, P.A.**
ONE BISCAYNE TOWER SUITE 3550
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131**7. Name and Address of New Registered Agent**

Name

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

SUITE # 114

City

Miami**FL**

Zip Code

33176**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 fee 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 \$150.00**
After May 1, 2002 Fee will be \$550.00
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** **D** ☐ **Delete**
NAME **DE REISET, NICOLAS**
STREET ADDRESS **11400 SW 88TH STREET SUITE 114**
CITY-ST-ZIP **MIAMI FL 33176****TITLE** ☐ **Delete**
NAME
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CITY-ST-ZIP**TITLE** ☐ **Delete**
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/2002

Daytime Phone #

305-273-5662

CR2E034 (9/01)