

# UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000029764**

1. Entity Name

**Global Port Services, Inc.**

FILED  
04 OCT 25 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

21 13249 NW 9 Lane

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33182

County

25

26 Suite, Apt. #, etc.

27 City & State

28 Zip

County

700042699197  
11/12/04--01069--001 \*\*150.00

4. FEI Number

65-1085085

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Edwin Delgado  
13249 NW 9 Lane  
Miami, FL 33182

81  
82  
83  
84

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

FL

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

*Edwin Delgado*

Edwin Delgado

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

PILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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, P, S, T  
NAME Edwin Delgado  DELETE  
STREET ADDRESS 13249 NW 9 Lane  
CITY-ST-ZIP Miami, FL 33182

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

*Edwin Delgado*

Edwin Delgado, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-04

305-586-4803

Date

Daytime Phone #

*[Handwritten initials]*

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Global Port Services, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Ed Delgado

Name: Edwin Delgado

Title: President

Date: \_\_\_\_\_