

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000039310

1. Entity Name

GLOBAL PRESS & P.R. AGENCY, INC.



FILED

04 JAN 22 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1523 NE 33 ST  
FORT LAUDERDALE FL 33334

Mailing Address  
1523 NE 33 ST  
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3000 UNIVERSITY DR  
SUITE, APT. #, ETC.  
STE E

3. Mailing Address

3000 N. UNIVERSITY DR  
SUITE, APT. #, ETC.  
STE E

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

REINSTATEMENT 03-04  
☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1095643

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENEMENCI, ANGELA  
1523 NE 33ST  
FORT LAUDERDALE FL 33334

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE DPTS ☐ Delete  
NAME MENEMENCI, ANGELA  
STREET ADDRESS 1523 NE 33 ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3000 N. UNIVERSITY DR STE E  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900025254509  
CITY-ST-ZIP 12/05/03--01031--016 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900025254509  
CITY-ST-ZIP 01/22/04--01019--018 \*\*750.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

0077806 AV