4/11

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 21, 2002 8:00 am**
**Secretary of State**
04-11-2002 90058 041 ***150.00

DOCUMENT # P01000049015

1. Entity Name
GLOBAL OUTSOURCING SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 999 BRICKELL AVE.<br>STE 701<br>MIAMI FL 33131 | 999 BRICKELL AVE.<br>STE 701<br>MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1201 Brickell Ave | 1201 Brickell Ave |
| Suite, Apt. #, etc. Suite# 630 | Suite, Apt. #, etc. Suite # 630 |
| City & State Miami, Florida | City & State Miami, Florida |
| Zip 33131 Country USA | Zip 33131 Country USA |

4. FEI Number 65-1106934 ☐ 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 |
|---|---|
| DURAN, HAROLD A<br>999 BRICKELL AVE.<br>STE 701<br>MIAMI FL 33131 | Name HAROLD DURAN<br>Street Address (P.O. Box Number is Not Acceptable) 1201 Brickell Ave, Suite # 630<br>City Miami FL Zip Code 33131 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DURAN, HAROLD A<br>999 BRICKELL AVE. SUITE 701<br>MIAMI FL 33131 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (9/01)

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:** _____ 4/5/02 (305) 271-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #