

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91168 031 ***150.00

DOCUMENT # PO1000068180 ✓

1. Entity Name

MYGLOBALCAM INC

DO NOT WRITE IN THIS SPACE

667769

2. Principal Place of Business 8900 SW 107th Ave 3. Mailing Address 12745 SW 102 Terr

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1119007

Applied For
Not Applicable

Zip 33176 Country USA

Zip 33186 Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FLORIDA INCORPORATORS INC

Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL SUITE 900

City MIAMI FL Zip Code 33132

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 title 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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Riaz Merchant
STREET ADDRESS 12745 SW 102 Terr
CITY- ST- ZIP MIAMI FL 33186

TITLE Vice President
NAME Shirley Merchant
STREET ADDRESS 12745 SW 102 Terr
CITY- ST- ZIP MIAMI FL 33186

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IN THIS SPACE**

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

SIGNATURE:

Shirley Merchant Shirley Merchant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
Date

305 270 1340 x 21
Daytime Phone #

CR2E034B (12/01)