## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **Secretary of State** 06-16-2003 90136 047 \*\*\*150.00 P01000085566 DOCUMENT # 1. Entity Name GLOBE MARKETING GROUPS, INC. へんてつりを見る Principal Place of Business Mailing Address 3896 LAKE EMMA RD STE 151 3895 LAKE EMMA RD STE 151 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte. Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 74-3055700 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent MUNSHI, A Street Address (P.O. Box Number is Not Acceptable) 3895 LAKE EMMA RD STE 151 LAKE MARY FL 32746 City 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 again, and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVTS** TITLE Addition TITLE Delete Change MUNSHI, A NAME NAME STREET ADDRESS 3895 LAKE EMMA RD STE 151 STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MUNSHI, A MAME NAME STREET ADDRESS STREET ADDRESS 3895 LAKE EMMA RD STE 151 CITY-ST-ZIP LAKE MARY FL 32748 CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 like empowered.

ELSKALLICAKÉ REOKIRATIVNSHI

SIGNATURE:

Jun 16, 2003 8:00 am

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