2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000088244 **DOCUMENT#**

1. Entity Name

SIGNATURE:

GLOBAL SOURCING USA, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90461 038 ***150.00

1-10-03 (30)868-3009

				WI II				
ce of Business S AVE		Mailing Address 8777 COLLINS AVE # 801						
.:33154		SURFSIDE-FL-33154			1 1 2 2 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2		- 11 11 11 11 11 11 11 11 11 1	
Place of Busines	38	3. Mailing Address						
# ata			<u>-</u>					
		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State Zip Country		City & State			4. FEI Number 65-1159131		-	Applied For Not Applicable
		Zip Co		ntry	5. Certificate of Status Desired		\$8.75 Additional	
6. Name a	nd Address of Curren	t Registered Agent			7. Name and Address of New Re			eu
	_	-		Name				
		Street Address (P.O. Box Number is Not Acceptable)				
LINS AVE	&				- The state of the			
FL 33154	1			City		FI	Zip Cod	de
named entity s	ubmits this statement for	or the purpose of changing	its registere	L ed office or registere	ed agent, or both, in the State of Flor		l miliar with	, and accept
ions of registere	d agent.							,
Signature, typed or p	printed name of registered agent	t and title if applicable. (N	VOTE: Registerer	d Agent signature required	when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 — May 1, 2003 Fee will be \$550.00 — Make Check Payable to Florida Department of State				war no .				00 May Be ed to Fees
	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	3S IN 11
•	MUEL V ID	☐ Delete	TITLE		'			☐ Addition
8777 COLLINS AVE # 801								
				!				
		☐ Delete	TITLE					Addition
						Г	Change	
			NAME			[Change	
			NAME STREE	ET ADDRESS		(Change	
		☐ Delete	NAME Stree City-	ET ADDRESS ST-ZIP		That .		
		☐ Delete	NAME STREE	ET ADDRESS ST-ZIP		That .	Change Change	☐ Addition
		☐ Delete	NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP		That .		☐ Addition
			NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP		That .		☐ Addition
		☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP				☐ Addition
			NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP			☐ Change	
			NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP T ADDRESS			☐ Change	
			NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP T ADDRESS			☐ Change	
		□ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP T ADDRESS ST-ZIP			Change	☐ Addition
		□ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-S TITLE NAME STREET	ET ADDRESS ST-ZIP IT ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS			Change	☐ Addition
		☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: CITY-: TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP IT ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS			Change Change Change	☐ Addition☐ Addition☐
		□ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-S TITLE NAME STREET	ET ADDRESS ST-ZIP IT ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS			Change	☐ Addition
		☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY-: TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S TITLE NAME	ET ADDRESS ST-ZIP IT ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS			Change Change Change	☐ Addition☐ Addition☐
	#, etc. #, etc. # etc. # etc. # system and the	Country 6. Name and Address of Curren MANUEL V JR. LINS AVE FL 33154 named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. PLE NOW!!! FEE IS \$150.00 May 122003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND	S AVE # 801 .33154 SURFSIDE FL 33154 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent MANUEL V JR. LINS AVE FL 33154 named entity submits this statement for the purpose of changing ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS P	SAVE # 801 33154 SURFSIDE FL 33154 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Cour 6. Name and Address of Current Registered Agent MANUEL V JR. LINS AVE FL 33154 named entity submits this statement for the purpose of changing its registered ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered line NOW!!! FEE IS \$150.00 May 1;2003*Fee will be \$550.00 May 1;2003*Fee will be \$550.00 P	# 801 SURFSIDE-FL-33154 Place of Business 3. Mailing Address #, etc. City & State Country Country Country Country Country Country Country Country Country Amme ANUEL V JR. LINS AVE FL 33154 City Ci	SAVE # 8777 COLLINS AVE # 801 SURFSIDE-FL 33154 SURFSIDE-FL 33154 SURFSIDE-FL 33154 SURFSIDE-FL 33154 SURFSIDE-FL 33154 A SURFSIDE-FL 33154 SURFSIDE-FL 33154 SURFSIDE-FL 33154 SURFSIDE-FL 33154 A SURFSIDE-FL 33154 COUNTRY Suite, Apt. #, etc. CHECK HERE I CHECK HERE II CHECK HER	SAVE # 8777 COLLINS AVE # 801 SURFSIDE FL*33154 SURFSIDE FL*33154 3. Mailing Address 3. Mailing Address 4. FEI Number 65-1159131 Country Zip Country 5. Certificate of Status Desired 5. A FEI Number 65-1159131 Country Zip Country 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name MANUEL V JR. LINS AVE STreet Address (P.O. Box Number is Not Acceptable) EFL 33154 City FL 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 far ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE LEN OW!!! FEE IS \$150.00 May 1-2003-Fee will be \$550.00 May 1-2003-Fee will be \$550.00 OFFICERS AND DIRECTORS P LAFONT, MANUEL V JR 8777 COLLINS AVE # 801 SURFSIDE FL 33154	S AVE # 8071 33154 SURFSIDE-FL 33154 Place of Business 3. Meiling Address #, etc. CHECK HERE IF MAKING CHANGE To Country Zip Country Zip Country S. Certificate of Status Desired Fee Requir 65-1159131 Ame Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL 33154 City FL Zip Co City FL Zip City FL