

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91880 001 *1,200.00

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1. Entity Name
GLOBAL HOLDINGS ENTERPRISES, INC.

Principal Place of Business
C/O NICOLE J. HUESMANN, P.A.
3001 SW 3RD AVE
MIAMI FL 33129

Mailing Address
C/O NICOLE J. HUESMANN, P.A.
3001 SW 3RD AVE
MIAMI FL 33129



2. Principal Place of Business
150 Ahambra Circle

3. Mailing Address c/o Nicole J. Huesmann, P.A.
150 Alhambra Circle

Suite, Apt. #, etc.
1150

Suite, Apt. #, etc.
1150

CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

4. FEI Number 65-1152352

Applied For
Not Applicable

Zip Country
33134 USA

Zip Country
33134 USA

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

HUESMANN, NICOLE J
3001 SW 3RD AVE
MIAMI FL 33129

Name
Huesmann, Nicole J.
Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
Suite 1150
City Coral Gables FL Zip Code 33134

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 *Nicole J. Huesmann* Nicole J. Huesmann 4/15/03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TSENG, MEI NA	
STREET ADDRESS	3001 SW 3RD AVE 3901	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tseng, Mei Na	
STREET ADDRESS	150 Alhambra Circle, Suite 1150	
CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Mei Na Tseng* Mei Na Tseng, Director 4/15/03 305-975-9015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)