

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90035 046 ***158.75

0210780 AV

DOCUMENT # P01000100678

1. Entity Name
GLOBAL COMMERCIAL UNDERWRITERS, INC.

Principal Place of Business Mailing Address

5545 SW 8TH ST. SUITE 104 **5545 SW 8TH ST. SUITE 104**
MIAMI FL 33134 **MIAMI FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-1143963 Not Applicable

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

6. Name and Address of Current Registered Agent

FIGUEROA, JOSE E
5698 NE 7TH AVE.
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

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

| | | |
|----------------|--|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PELEGRI, MARIO B | |
| STREET ADDRESS | 13480 SW 97TH PL | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | FIGUEROA, JOSE E | |
| STREET ADDRESS | 5698 NE 7TH AVENUE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33334 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | MONAGAS, ERIQUE GOMEZ | |
| STREET ADDRESS | PO BOX 3450 | |
| CITY-ST-ZIP | MAYAGUEZ PR 00681 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | MARISTANY, JORGE L | |
| STREET ADDRESS | 10190 SW 88TH ST. UNIT 504B | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------------|--|
| 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 | | |
| TITLE | TREASURER/SEC/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VARGAS, JOSE MIGUEL | |
| STREET ADDRESS | PMB # 202 405 AVE. ES MERALDA STE 2 | |
| CITY-ST-ZIP | GUATNABO, P.R. 00969-4457 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Director* **JOSE MIGUEL VARGAS** / **1-21-2002** / **305-261-2028 TEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)