

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

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90124 041 ***150.00

DOCUMENT # **P01000108297**

1. Entity Name

GLOBAL PROVIDERS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4639 NW 97th Place

Suite, Apt. #, etc.

4639 NW 97th Place

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

Zip

33178

Country

Zip

33178

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1152910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANGEL MAVARES

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

4639 NW 97th Place

City

MIAMI

FL

Zip Code

33178

**DO NOT WRITE
IN THIS SPACE**

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

ANGEL MAVARES - PRESIDENT

04/19/02

(Signature of Agent or Registered Agent or both, if applicable)

(NOTE: Registered Agent Signature is required when appointing)

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 NAME STREET ADDRESS CITY - ST - ZIP	PD ANGEL MAVARES 4639 NW 97th Place MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL MAVARES

04/19/02 305-4719017

Date

(Signature Print Name)

CR2E034B (12/01)

Attachment
Document #
PB1000108297
121510

GLOBAL PROVIDERS, INC.

4639 NW 97th Place
Miami, Florida 33178
Phone: (305) 471-9017

July 03, 2002

DEPARTMENT OF STATE
Division of Corporations

RE: Annual Report for # 65-1152910
GLOBAL PROVIDERS, INC.

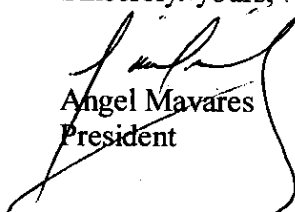
Dear Sirs:

Please find attached copy of the check for US \$ 150.00 and the **Annual Business Report** that I sent to you on April 19, 2002 but apparently it got lost in the mail since this check never cleared and my Annual Business Report was never filed.

Enclosed you will find a replacement check for the same amount to cover the fee.

Let me thank you in advance for the attention given to this matter and I look forward to hearing from you soon.

Sincerely yours,


Angel Mavares
President

Attachment
Document #

PO/000108297
121510

MARLENE MAVAREZ
1330 SW 104 PATH, APT. 209
MIAMI, FL 33174

63-81137/2570
3921607179

160

PAID TO ORDER
PRIME

Department of State

\$150.00

One Hundred and Fifty

Washington Mutual

Washington Mutual Bank, FA
Manatee County Financial Center 1737
1920 SW 8th Street
Miami, FL 33134
1.800.746.7600
24 hour Customer Service

Unifor Business Report

267084434:3921607179 0160

The business acct. for Global Providers
was opened on May 24/02.