

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

DOCUMENT # P0100C 118008
1. Entity Name
N.M. GLOBAL MARKETING, INC.

FILED
03 MAY -5 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1825 PONCE DE LEON BLVD</u> Suite, Apt. #, etc. <u># 306</u>		3. Mailing Address <u>9974 S.W. 88th St.</u> Suite, Apt. #, etc. <u>68</u>	
City & State <u>CORAL GABLES, FL 33134</u>	City & State <u>MIAMI</u>	City & State <u>MIAMI</u>	City & State <u>MIAMI</u>
Zip <u>33134</u>	Country <u>DADE</u>	Zip <u>33176</u>	Country <u>DADE</u>

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4. FEI Number <u>800002783</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name <u>Natacha MIRAMBEAUX</u>
Street Address (P.O. Box Number is Not Acceptable) <u>9974 S.W. 88th St.</u>
City <u>MIAMI</u> FL Zip Code <u>33176</u>

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 Natacha Mirambeaux
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 <u>PRESIDENT (DPVS)</u> <u>ROBERT E. SORIANO</u> <u>9974 S.W. 88th St.</u> <u>MIAMI, FL 33176</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>800019083448</u> <u>05/15/03--01046--010 **158.75</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>VICE PRES.</u> <u>MARLEN V. VASQUEZ</u> <u>2031 N.E. 163rd Street</u> <u>N. MIAMI BEACH, FL 33160</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Treasurer</u> <u>NATACHA MIRAMBEAUX</u> <u>9974 S.W. 88th St.</u> <u>MIAMI, FL 33176</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Natacha Mirambeaux 5/11/03 786-487-8153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #