

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000003051

1. Entity Name
GLOBAL VALET, INC.



Principal Place of Business
6037 SOUTHERN RD S
W PALM BCH, FL 33415

Mailing Address
6037 SOUTHERN RD S
W PALM BCH, FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004

Chg-P

CR2E034 (10/03)

4. FEI Number
04-3589456

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGAN, LAURIE
1701 S SEAS DR APT 304
JUPITER, FL 33477

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400026977754

1/14/04--01072--005 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GREGAN, LAURIE 1701 S SEAS DR APT 304 JUPITER, FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARNETTE, ROBYN 6037 SOUTHERN RD S W PALM BCH, FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

See Attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Division of Corporations

Annual Report

Page 1

Document Number
P02000003051
Business Entity Name
GLOBAL VALET, INC.

FEI Number **043589456**
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current
Certificate of Status Desired ☐ Yes ☒ No - \$8.75 each

Principal Place of Business

Address **6037 SOUTHERN RD S**
Suite, Apt. #, etc.
City, State **W PALM BCH** **FL**
Zip Code & Country **33415**

Mailing Address

Address **6037 SOUTHERN RD S**
Suite, Apt. #, etc.
City, State **W PALM BCH** **FL**
Zip Code & Country **33415**

Name And Address of Registered Agent

Name (Last, First, Middle, Title) **HOFFMAN** **ROBYN**
~~or- RA Business Name~~
Address **408 VIA PLACITA**
Suite, Apt. #, etc.
City, State **PALM BEACH GARDENS** **FL**
Zip Code & Country **33418** **US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



Division of Corporations

Annual Report

Page 2

Document Number
P02000003051
Business Entity Name
GLOBAL VALET, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name

4 of 4

Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)

-or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)

-or- Entity Name
 Street Address
 City, State
 Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
 'Officer/Director Signature' block below. A corporate name is not
 allowed in this block.

Title DP
 Officer/Director Signature ROBYN HOFFMAN 

[Sunbiz Home Page](#)

[Public Access Help](#)