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Secretary of State
03-31-2003 90178 049 ***158.75

55023933

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000009842

1. Entity Name
GLOBE US, CORP.

Principal Place of Business	Mailing Address
1460 SW 3RD ST. BUILDING B-6 POMPANO BEACH, FL 33069	1460 SW 3RD ST. BUILDING B-6 POMPANO BEACH, FL 33069

[redacted]

2. Principal Place of Business	3. Mailing Address
4043 NE. 8th Ave.	4043 NE 8th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park, Fl	City & State: Oakland Park, Fl
Zip: 33334 Country: U.S.A.	Zip: 33334 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-2990620 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RINCON, JOSE V
1460 SW 3RD ST. BUILDING B-6
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent
Name: Hernando Neira
Street Address (P.O. Box Number Is Not Acceptable): 4043 NE 8th Ave.
City: Oakland Park FL Zip Code: 33334

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: José V. Rincon — DATE: March 24/03

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RINCON, JOSE V 1460 SW 3RD ST. BUILDING B-6 POMPANO BEACH, FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☒ Change ☐ Addition Neira, Hernando 4043 NE 8th Ave. Oakland Park Fl 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CELIS, GLORIA Y 1460 SW 3RD ST. BUILDING B-6 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Gloria Y. Celis — Date: March 24/03 — Daytime Phone #: 954-5680075

CR2E034 (10/02)

Attachment SSO23933
#P0200009847

Form **W-9**
(Rev. March 1994)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do NOT send to the IRS.

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)

Business name (Sole proprietors see instructions on page 2.)
Globe Us . Corp

Please print or type

Please check appropriate box: ☐ Individual / Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶

Address (number, street, and apt. or suite no.)
1460 SW. 3rd Street Bldng BC

Requester's name and address (optional)

City, state, and ZIP code
Pompano Beach, Fla 33069

Part I **Taxpayer Identification Number (TIN)**

List account number(s) here (optional)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** below.

Social security number

OR

Employer identification number
75 2990620

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II **For Payees Exempt From Backup Withholding (See Part II instructions on page 2)**

▶

Part III **Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see **Part III Instructions** on page 2.)

Sign here **Signature** ▶ Gloria Y. Celis D. **Date** ▶ July 4 /02