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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011327

1. Entity Name
GLOBAL ENTERPRISES AND FINANCIAL PROJECTS, INC.

Principal Place of Business
11716 SW 91 TERRACE
MIAMI, FL 33186

Mailing Address
11716 SW 91 TERRACE
MIAMI, FL 33186

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **27-0001509** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**MILLER, BROOKS
200 S. BISCAYNE BLVD., SUITE 1690
MIAMI, FL 33131**

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 _____ (Name, typed or printed name of registered agent and title if applicable. NOTE: Registered Agents require mailing when withdrawing) DATE _____

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-STATE-ZIP | PD RANCANO, CARLOS 5773 NW 116TH AVENUE, UNIT 6 MIAMI, FL 33178 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VP/SB RANCANO, CARLOS 5773 NW 116 AVE, Unit 6 MIAMI FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | SD CICCARELLI, JANET 11716 SW 91 TERRACE MIAMI, FL 33186 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD/FR CICCARELLI, JANET 11716 SW 91 TERRACE MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-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 110.07(3)(1), 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 807, 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 law empowered.

SIGNATURE: Carlos Rancano **CARLOS RANCANO** 8/27/03 (786) 271-2423

DATE: 8/27/03

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CHECK HERE IF MAKING CHANGES

CPRE004 (10/02)