2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UB

P02000036233 **DOCUMENT #**

1. Entity Name

GLOBAL GROUP BUSINESS, INC.



FILED

N BR)	Apr 18, 2003 8:00 an
	Secretary of State 04-18-2003 90159 041 ***150.00

				/		
Principal Place of Business 1100 BAY DRIVE MIAMI BEACH FL 33141		Mailing Address 1100 BAY DRIVE MIAMI BEACH FL 33141				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 44-0865334 Applied For Not Applied For		
Zip Country Zip		Zip	Country	5. Certificate of Status Desired S8.75 Address Require	ditional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
			Name	, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ -	
BIANCA, CONSTANZA D 1100 BAY DRIVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
	NCH FL 33141					
			City	FL Zip Cod	le	
the obligat	ions of registered agent. Signature, typed or printed name of registered agen		TE: Registered Agent signature requ	stered agent, or both, in the State of Florida. I am familiar with, uired when reinstating) DATE		
} <u>s</u> After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State		9. Election Campaign Financing \$5.0 Trust Fund Contribution. Added	May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 11	
NAME	PD BIANCA, CONSTANZA D 1100 BAY DRIVE MIAMI BEACH FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENSINCK, ALEJANDRO V 1 DE MAYO 1085 P1 ROSARIO ARGENTINA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE	SD	Delete	TITLE	Change	Addition	
	FERNANDEZ, MARCELO A PRESIDENTE ROCA 766 PIO A ROSARIO ARGENTINA		NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS	TD FERNANDEZ, SERGIO O 9 SE JULIO 1340 ROSARIO ARGENTINA	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	

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 receiver or trusted 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: