

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90266 031 ***150.00

DOCUMENT # P02000037616

1. Entity Name
GLOBAL BOOKEEPING & CONSULTING CORPORATION



Principal Place of Business
8288 N.W. 64TH STREET
MIAMI FL 33166

Mailing Address
8288 N.W. 64TH STREET
MIAMI FL 33166

11013320



2. Principal Place of Business
14319 S.W. 142nd Avenue

3. Mailing Address
14319 S.W. 142nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
03-0430258

Applied For
Not Applicable

Zip
33186

Country
U.S.A.

Zip
33186

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENAO, JOSE R
8288 N.W. 64TH STREET
MIAMI FL 33166

Name
Henao, Jose R.
Street Address (P.O. Box Number is Not Acceptable)
14319 S.W. 142nd Avenue
City Miami **FL** **Zip Code** 33186

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

Jose R. Henao
Signature, typed or printed name of registered agent and title if applicable

Jose R. Henao
(NOTE: Registered Agent signature required when reinstating)

04/21/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROSADO, MANUEL	
STREET ADDRESS	8288 N.W. 64TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HENAO, JOSE R	
STREET ADDRESS	8288 N.W. 64TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosado, Manuel	
STREET ADDRESS	14319 S.W. 142nd Avenue	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henao, Jose R.	
STREET ADDRESS	14319 S.W. 142nd Avenue	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jose R. Henao
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03 (305) 436-1111
Date Daytime Phone #

CR2E034 (10/02)