

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # P02000093869</b> 1. Entity Name <b>GLOBALCORP INVESTMENT, INC</b>			
Principal Place of Business <b>1101 BRICKELL</b> <b>1100</b> <b>MIAMI, FL 33131</b>		Mailing Address <b>1101 BRICKELL</b> <b>1100</b> <b>MIAMI, FL 33131</b>	
2. Principal Place of Business <b>10 NW Lejeune Rd.</b> Suite, Apt. #, etc. <b>Suite: 600</b> City & State <b>Miami, FL</b> Zip <b>33126</b>		3. Mailing Address <b>10 NW Lejeune Rd.</b> Suite, Apt. #, etc. <b>Suite: 600</b> City & State <b>Miami, FL</b> Zip <b>33126</b>	
4. FEI Number <b>55-0793674</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MACINTER CORPORATION</b> <b>5440 N STATE ROAD 7</b> <b>218</b> <b>FT LAUDERDALE, FL 33319</b>		7. Name and Address of New Registered Agent Name <b>LOUIS M. Hillman - Waller</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 NW Lejeune Rd. # 600</b> City <b>Miami</b> FL Zip Code <b>33126</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$850.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> <b>PSD</b> NAME <b>SARRIA, RAFAEL A</b> STREET ADDRESS <b>1101 BRICKELL AVENUE SUITE 1101</b> CITY-ST-ZIP <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> <b>Change</b> Addition TITLE <b>10 NW Lejeune Rd. # 600</b> STREET ADDRESS <b>Miami, FL 33126</b> CITY-ST-ZIP <b>700019737457</b> <b>05/22/03--01046--016 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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 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: <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED  
03 MAY 16 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)