

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90193 022 \*\*\*150.00

**DOCUMENT # P02000097427**

**1. Entity Name**  
**GLOBAL LOSS CONSULTANTS INC.**



**Principal Place of Business**  
8290 LAKE DRIVE  
#539  
MIAMI FL 33166

**Mailing Address**  
8290 LAKE DRIVE  
#539  
MIAMI FL 33166



**2. Principal Place of Business**

10302 N.W.S. River Dr. #3

**3. Mailing Address**

10302 N.W.S. River Dr. #3

Suite, Apt. #, etc.

3-B

Suite, Apt. #, etc.

3-B

City & State

Medley FL

City & State

Medley FL

☒ CHECK HERE IF MAKING CHANGES

**4. FFL Number**

550801547

Applied For

Not Applicable

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ROCA, MARYSOL  
8290 LAKE DRIVE  
#539  
MIAMI FL 33166

**7. Name and Address of New Registered Agent**

Name

Marysol Roca

Street Address (P.O. Box Number is Not Acceptable)

10302 N.W.S. River Dr. #3B

City

Medley

FL

Zip Code

33178

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

**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**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P ☐ Delete  
**NAME** ROCA, MARYSOL  
**STREET ADDRESS** 8290 LAKE DRIVE #539  
**CITY-ST-ZIP** MIAMI FL 33166

**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

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**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** V. Pres ☒ Change ☐ Addition  
**NAME** Marysol Roca  
**STREET ADDRESS** 10302 N.W.S. River Dr. #3B  
**CITY-ST-ZIP** Medley FL 33178

**TITLE** President ☐ Change ☒ Addition  
**NAME** Manuel P. Fortun  
**STREET ADDRESS** 10302 N.W.S. River Dr. #3B  
**CITY-ST-ZIP** Medley FL 33178

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/03 3053001562

CR2E034 (10/02)