FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P03000049322

1. Entity Name

GLOBAL CONCEPT, INC.



FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90047 015 ***150.00

DO NOT WRITE IN THIS SPACE						94058936			
2. Principal Place of Business 5069 N.W. 114 Path		3. Mailing Address 5069 N.W. 114 Path							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Miami,Florida		City & State Miami, Florida				El Number Applied For S5-0830639 Not Applicable			
Zip 3317	8 Country	Zip 33178	Coun	try	5. Cert	Certificate of Status Desired Security			
				7. Name and Address of Current Registered Agent					
DO NOT WRITE				Name					
DO NOT WRITE				-Street Address (P.OBox Number is Not Acceptable)					
IN THIS SPACE									
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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 January 1 - May 1 Fee is \$150.00									
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						 Election Campaign Financir Trust Fund Contribution. 	ng	\$5.00 May Be Added to Fees	
10. 🐧	OFFICERS AND	DIRECTORS	(4%) C. (4.1.4.)			The state of the s			
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CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption of the exempt				-ST-ZIP »		ATOMA SECTION	8 184 T		
12. Inereby o	eriny inai ine information supplied wit	n unis tiling does not qualify	for the exe	emption stated in S	section 115	الرم)(ا), Fiorida Statutes. I furti	ner certify t	nat 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR