

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

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90047 015 \*\*\*150.00

DOCUMENT # P03000049322

1. Entity Name

GLOBAL CONCEPT, INC.



**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

4. FEI Number

55-0830639

Applied For

Not Applicable

Zip

33178

Country

Zip

33178

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
Angelo Cerracchio  
5069 N.W. 114 Path  
Miami, Florida 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sct.  
Ana T. Paranzino  
5069 N.W. 114 Path  
Miami, Florida 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/02)