2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # P25368** 1. Entity Name GLOBAL BUSINESS CONSULTANTS, INC. 03-22-2000 90005 039 ***150.00 Principal Place of Business Mailing Address 1 SE 3RD AVENUE 1 SE 3RD AVENUE STE 1210 STE 1210 MIAMI FL 33131 MIAMI FL 33131-1714 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 65-0102239 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREEMAN, LAWRENCE A Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVENUE, SUITE 1270 STE 1210 MIAMI FL 33131 Zip Code City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TITLE TITLE FREEMAN, LAWRENCE NAME NAME 1 SE 3RD AVE STE 1210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE **HUTTON, SUE** NAME NAME STREET ADDRESS STREET ADDRESS 9795 S. DIXIE HWY. CITY-ST-ZIP CITY-ST-ZIF MIAMI FL ☐ Change Addition ☐ Delete TITLE FREEMAN, LAWRENCE NAME 1 SE 3RD AVE STE 1210 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not quality 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 receive or trustee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address. with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

3/17/2000

305-377-9855

Daytime Phone #

Change

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