

2000 UNIFORM BUSINESS REPORT (UBR)

0133933

DOCUMENT # P93000014738

1. Entity Name

GLOBAL INTERNATIONAL FINANCE INC.

APPROVED
AND
FILED

00 JAN 10 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

900 WEST 49 STREET, SUITE 438
HIALEAH FL 33012

900 WEST 49 STREET, SUITE 438
HIALEAH FL 33012-3488

2. Principal Place of Business

1790 West 49 Street

3. Mailing Address

1790 West 49 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#400-4

#400-4

City & State
Hialeah, Florida

City & State
Hialeah, Florida

Zip
33012

Country
U.S.A.

Zip
33012

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0388733

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABREU, YOLEIDI
900 WEST 49 STREET, SUITE 438
HIALEAH FL 33012

Name Yoleidi Abreu

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

1790 West 49 Street, Suite-400-4
City Hialeah, FL Zip Code 33012

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 6th, 2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ABREU, YOLEIDI
STREET ADDRESS 900 WEST 49 STREET, SUITE 438
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 1790 West 49 Street, Suite #400-4
CITY-ST-ZIP Hialeah, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vice-President
STREET ADDRESS MAGALYS MARIN
CITY-ST-ZIP 5725 West 25 St, Apt # 308
Hialeah, FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

01/06/2000

Date

305) 364-9697

Daytime Phone #

CR2E034 (9/99)