

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90125 023 ***550.00

DOCUMENT # P93000018008

1. Entity Name

EL GLOBO OF NORTH AMERICA, INC.

Principal Place of Business

9012 N.W. 105 WAY
 SUITE 700
 MEDLEY FL 33178
 US

Mailing Address

9012 NW 105 WAY
 SUITE 700
 MEDLEY FL 33178
 US

2. Principal Place of Business

1560 Sawgrass Corp Pkwy
 Suite, Apt. #, etc.
 4th Floor

3. Mailing Address

1560 Sawgrass Corp Pkwy
 Suite, Apt. #, etc.
 4th Floor

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33323

Country USA

Broward

Zip

33323

Country USA

Broward

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS INC.
 5200 BLUE LAGOON DR.
 SUITE 700
 MIAMI FL 33126

4. FEI Number

65-0408081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAPOSSE, EDUARDO 9012 NW 105 WAY MEDLEY FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRIQUEZ, NORMAN A 9012 N.W. 105TH WAY MEDLEY FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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

7/19/02.

Date

Daytime Phone #