2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90785 013 ***150.00

DOCUMENT # P93000034527

1. Entity Name
FIRST GLOBAL COMMERCE, INC.

Principal Place of Business	Mailing Address
4301 PLACE LE MANES LUTZ FL 33549	4301 PLACE LE MANES LUTZ FL 33549 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
114 B	114 B
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens FL.	City & State: Palm Beach Gardens, FL
Zip: 33418 Country: USA	Zip: 33418 Country: USA

4. FEI Number 59-3183863 ☐ 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
KATZ, ARNOLD 4301 PLACE LE MANES LUTZ FL 33549	Name: KATZ, ARNOLD Street Address (P.O. Box Number is Not Acceptable): 114B Palm Bay Drive City: Palm Beach Gardens FL Zip Code: 33418

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 _____ 3/15/2002
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 $150.00
After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, ARNOLD 4301 PLACE LE MANES LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, ARNOLD 114B PALM BAY DR. PALM BEACH GARDENS FL 33418	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ REQUIRED 3/15/02 561 626 0484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)