

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90360 014 ***158.75

DOCUMENT # P93000065071

1. Entity Name
GLOBAL NET TRAVEL, INC.

Principal Place of Business
BANK OF AMERICA TOWER
150 E PALMETTO PARK RD # 500
BOCA RATON FL 33432

Mailing Address
C/O CHARLES P. RANDALL
150 E PALMETTO PARK RD # 500
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3111 SW 10TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
3111 SW 10TH STREET
 Suite, Apt. #, etc.
9. ARNOLD A. BROUSSARD

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number
65-0441166

Applied For
 Not Applicable

Zip
33069

Country
USA

Zip
33069

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RANDALL, CHARLES P
BANK OF AMERICA TOWER
150 E. PALMETTO PARK RD STE 500
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
ARNOLD A. BROUSSARD
 Street Address (P.O. Box Number is Not Acceptable)
3111 SW 10TH STREET
 City **POMPANO BEACH** **FL** Zip Code **33069**

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 *Arnold A. Broussard* **ARNOLD A. BROUSSARD** **3/5/2002**
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSKINS, ROB 2800 N.E. 59TH COURT FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOSKINS, BOB 578 VIA VERONA DEERFIELD BEACH FL 33442	<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	S D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D 1167 HILLSBORO MILE, # 116 HILLSBORO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bob D. Hoskins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BOB D. HOSKINS

3/8/2002 **(954) 975-7777**
 Date Daytime Phone #

0374956 AV

CR2E034 (9/01)