

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000013151**

1. Entity Name
GLOBAL MICRO INC

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90168 024 ***150.00

Principal Place of Business
7216 NW 31 STREET
MIAMI FL 33122

Mailing Address
SAME

2. Principal Place of Business
7216 NW 31 Street
Suite, Apt. #, etc.

3. Mailing Address
7216 NW 31 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI

City & State
FL MIAMI

4. FEI Number
65-0470166

Applied For
☐ Not Applicable

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

Zip
33122

Country
USA

Zip
33122

Country
USA

6. Name and Address of Current Registered Agent

OMAR RICHANI
13105 SW 112th Court
MIAMI FL 33176

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.

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 \$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

TITLE
PRESIDENT

NAME
OMAR RICHANI

STREET ADDRESS
13105 SW 112th Court

CITY-ST-ZIP
MIAMI FL 33176

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMAR RICHANI 4/17/2000 (305) 594-0201

CR2E034 (9/99)