

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000018041 (1)

1. Corporation Name

GLOBAL BUSINESS ENTERPRISES, INC.

**APPROVED
AND
FILED**

95 APR 24 AM 8:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**8840 - 9TH STREET, NORTH
ST. PETERSBURG FL 33702**

**8840 - 9TH STREET, NORTH
ST. PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **P.O. Box 76248**

22 City & State **27** Suite, Apt. #, etc.

23 City & State **28** **ST. PETERSBURG, FL**

24 Zip **25** Country **29** **33734** **30** **USA**

4. FEI Number

59-3229890

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ADNAN RAHMAN, MOHAMMAD D
8840 - 9TH STREET, NORTH
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ADNAN RAHMAN, MOHAMMAD D**
STREET ADDRESS **8840 - 9TH STREET, NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33702**

TITLE **D**
NAME **HKMAN RAHMAN, MOHAMMAD A**
STREET ADDRESS **2550 STAG RUN BOULEVARD, #832**
CITY - ST - ZIP **CLEARWATER FL 34625**

TITLE **D**
NAME **KOTAICHE, NICK**
STREET ADDRESS **710 N. VILLAGE DRIVE, #105**
CITY - ST - ZIP **ST. PETERSBURG FL 33716**

TITLE **D**
NAME **HOUSEL, LARRY D**
STREET ADDRESS **8760 9TH STREET, NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33702**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **V/S** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE **V** ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS **7846 - 1ST STREET N.E.**

3.4 CITY - ST - ZIP **ST. PETERSBURG, FL 33702**

4.1 TITLE **VT** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Larry D. HouseL LARRY D. HOUSEL

1/11/95

(813)577-5617

Signature and typed or printed name of signing officer or director

Date

Telephone Number