## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P94000051722** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name GLOBAL MANAGEMENT ENTERPRISES, INC. 04-10-2000 90081 010 \*\*\*150.00 Principal Place of Business Mailing Address 7840 N.W. 185TH STREET 2500 SW 131ST TERR DAVIE FL 33325-5134 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address Te114ce Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0505208 FL Davie Not Applicable Zip \$8.75 Additional Country Country 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOPEZ, LEONEL Street Address (P.O. Box Number is Not Acceptable) 7840 N.W. 185TH ST. **MIAMI FL 33015** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5:00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Addition ☐ Delete TITLE TITI F LOPEZ, LEONEL NAME SW 131 Terrace 2500 STREET ADDRESS 7840 N.W. 185TH ST. STREET ADDRESS CITY-ST-ZIP Davie CITY-ST-ZIP **MIAMI FL 33015** SVD ☐ Delete TITLE ☐ Addition TITLE LOPEZ, AURA NAME NAME 2500 131 Terrace 7840 N.W. 185TH ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP Davie CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:** 

Daytime Phone #