

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90161 035 ***150.00

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DOCUMENT # P95000030113

1. Corporation Name

UNI-GLOBE BUSINESS ENTERPRISES, INC.

Principal Place of Business

200 S BISCAYNE BLVD
STE 2100
MIAMI FL 33131
US

Mailing Address

200 SOUTH BISCAYNE BLVD
STE 2100
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1995

4. FEI Number

65-0584366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

No

2. Principal Place of Business

21 320 Grand Concourse
Suite, Apt. #, etc.

22

City & State

23 Miami Shores, Florida

Zip

24 33138

Country

25 USA

2a. Mailing Address

26 320 Grand Concourse
Suite, Apt. #, etc.

27

City & State

28 Miami Shores, Florida

Zip

29 33138

Country

30 USA

9. Name and Address of Current Registered Agent

POWELL, NORMAN C
200 S BISCAYNE BLVD
STE 2100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

NORMAN C. POWELL

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

201 South Biscayne Blvd, Suite 3250

83

84 City Miami

FL

85 Zip Code

33131

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

NORMAN C. POWELL

NORMAN C. POWELL

4/30/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME POWELL, NORMAN C
STREET ADDRESS 200 S BISCAYNE BLVD STE 2100
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D POWELL, NORMAN C.

1.3 STREET ADDRESS 320 Grand Concourse

1.4 CITY-ST-ZIP Miami Shores, Florida 33138

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ 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 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 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, with all other like empowered.

SIGNATURE:

NORMAN C. POWELL

4/30/99

Date

305-5774973

Daytime Phone #

CR2E034 (11/98)