

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030113

1. Entity Name

UNI-GLOBE BUSINESS ENTERPRISES, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90013 005 ***150.00

Principal Place of Business

320 GRAND CONCOURSE
MIAMI SHORES FL 33138
US

Mailing Address

320 GRAND CONCOURSE
MIAMI SHORES FL 33138
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0584366**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, NORMAN C
201 S BISCAYNE BLVD
STE 3250
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

POWELL, NORMAN C
Street Address (P.O. Box Number is Not Acceptable)

320 GRAND CONCOURSE

City

MIAMI SHORES

FL

Zip Code

33138

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **POWELL, NORMAN C**
STREET ADDRESS **320 GRAND CONCOURSE**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

Date

805-375-6144

Daytime Phone #

CR2E034 (5/00)