2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # P95000030113

1. Entity Name

UNI-GLOBE BUSINESS ENTERPRISES, INC.



FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90395 016 ***150.00

MIAMAI SHORES FL 33138 US NOTE: \$1.33138 US NOTE	Principal Place of Business		Mailing Address				
Suite, Apt. €, etc. Suite, Apt. 8, etc. A. FEI Number GF-26334 (11/03) Applicable For Applicable	MIAMI SHORES FL 33138		MIAMI SHORES FL 33138		3401	24077881	
Suite, Apt. €, etc. Suite, Apt. 8, etc. A. FEI Number GF-26334 (11/03) Applicable For Applicable							
City & State City & State Country Count	2. Principal P	lace of Business	3. Mailing Address				
Zep Country Zep Country 3. Centrificate of Status Desirad	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		MOORE CR2E034	MOORE CR2E034 (11/03)	
S. Certificate of Status Despred Foe Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POWELL, NORMAN C 320 GRAND CONCOURSE Street Address (P.O. Box Number's Not Acceptable) City FL Zip Code City	City & State		City & State		4. FEI Number 65-0584366		
POWELL, NORMAN C 320 GRAND CONCOURSE MILAMI SHORES FL 33138 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. I am familiar with, and accept the cotingstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the cotingstone of registered agent. SIGNATURE Signature, Ngett or prevail what of growed agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the cotingstone of registered agent, or both, in the State of Florida. I am familiar with, and accept the coting the coting of the	Zip	Country	Zip	Country			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hydro or present entered ingressed agent. (MOTE: Registered Agent signature required when historing) P. Ecotion Campaign Financing Added to Fees and Added to Fees an		6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered	Agent	
Addition Size Addition After May 1: 2004 Fee will be \$550.00 White Check Payable to Finish And Directions OFFICERS AND DIRECTORS SIRET ADDRESS CITY 51-29 MAMI SHORES FL 33138 Size Addition MARE SIRET ADDRESS CITY 51-29 TITLE MAME SIRET ADDRESS CITY 51-29 CITY 51-29 CHARGE SIRET ADDRESS CITY 51-29 CH	320 GRAND CONCOURSE			Name	Name		
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. I am familiar with, and accept the chilipations of registered agent. SIGNATURE Signature Power Pile Now!!! PEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Added to Fees Added to Fees Title NAME OFFICERS AND DIRECTORS N 11 Title DOWNLL, NORMAN C OFFICERS AND DIRECTORS N 11 Title NAME OFFICERS AND DIRECTORS OTTY-ST-2P Title NAME OTTY-ST-2P OTTY-ST-2P OTTY-ST-2P OTTY-ST-2P Title NAME OTTY-ST-2P OTTY-ST-2P OTTY-ST-2P OTTY-ST				Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
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. Iam familiar with, and accept the obligations of registered agent. SigNAT Unit Signature, hyper or present interned or registered agent. (NOTE_Registered agent, or both, in the State of Florida. Iam familiar with, and accept the obligations of registered agent. (NOTE_Registered agent, or both, in the State of Florida. Iam familiar with, and accept the obligations of registered agent. (NOTE_Registered agent, or both, in the State of Florida. Iam familiar with, and accept the obligations of registered agent. (NOTE_Registered agent, or both, in the State of Florida. Iam familiar with, and accept the obligations of registered agent. (NOTE_Registered agent, or both, in the State of Florida. Iam familiar with, and accept the obligations of registered agent. (NOTE_Registered agent, or both, in the State of Florida. Iam familiar with, and accept the second agent. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State of Florida. (NOTE_Registered agent, or both, in the State				City	FI	Zip Code	
Signature Propriet or printed capter for largetenic apert and itsel appoil come Propriet Pr			for the purpose of changing it	s registered office or regi		familiar with, and accept	
After May 1: 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17 TITLE D	SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable, (NO	TE: Regislered Ageni signature rec	guired when reinstating) DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 2004 Fee will be \$550.00					
NME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A	10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	POWELL, NORMAN C 320 GRAND CONCOURSE	☐ Deléte	NAME STREET ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
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NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	name Street address		□ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
12. 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	NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w		NAME STREET ADDRESS CITY-ST-ZIP	n Section 119.07(3)(i). Florida Statutes. I further ce		

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer of director of the corporation or the receiver or trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all pulper like empowered.

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR