2000	UNIFORM BUSI	NESS REPO	RT (UBR)	7	FILF	D		
DOCUMENT # P95000033402				M	Mar 31, 2000 8:00 am			
GLOBAL REAL ESTATE, CORP.				Secretary of State				
				_	03-31-2000 90089	026 ***150	.00	
Principal Place of Business Mailing Address 2655 LE JEWRE ROAD - 2655 LE JEWRE ROAD -								
2655 LE JEUNE ROAD 2655 LE JEUNE ROAD 4500 #500 COPAL GABLES FL 33134 CORAL GABLES FL 33134-5832								
COMAL GABLES	FL 33134	CORAC GABLES DE 33134-36	52 		IRINI ATOTI NURTI AATOR MUTTU AARIA	202 0 1 12102 101020 1010	(1)(1) (1)	
	ace of Business Once de Leon Blud	e de her B	do not write in this space					
	#, etc.	Suite, Apt. #, etc.						
Sut 205 City & State		Scute 205 City & State		4. FEI Number 65-0602986 Applied For			plied For	
<u>_ Cira</u>	Country		lu, Fl 3313	<u> Ч</u>		No \$8.75 Add	t Applicable	
Zip 33130	y usf	^{Zip} 3313U	us A	5. Certificate of S		Fee Require		
	6. Name and Address of Current R	legistered Agent	Name	7. Name and Ad	Idress of New Registere	d Agent		
	A, BLANCA S		Street Address	(P.O. Box Number is	Not Acceptable)			
	EL RADO ST AL GABLES FL 33134							
			City		F	Zip Code	э	
8. The above	named entity submits this signement for	the purpose of changing its r	egistered office or regist	ered agent, or both, i		-		
	Bran & he	n Pus	hut		-	26.00		
SIGNATURE	Signature, typed or printed name of registered agont an	nd title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)	DATE			
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 200	FEE IS \$150.00 IO Fee will be \$550.00 e to Department of S	Trust F	on Campaign Financing Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CH	IANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mejia, Blanca 1313 el rado st Miami Fl 33134	🗔 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change []	Addition	
CITY-ST-ZIP TITLE		Delete	TITLE			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	-	<u> </u>	- NAME	-				
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADORESS			Change	Addition	
CITY-ST-ZIP		Delete	CITY-ST-ZIP			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME STREET ADDRESS CITY - ST - ZIP			NAME STREET ADDRESS' ' ' '					
indicated of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an articless, w URE:	true and accurate and that m wered to execute this report a	y signature shall have th as required by Chapter 6	e same legal effect as 07, Florida Statutes; a	s it made under oath, that	s in Block 11 or	or airector	