2000 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P95000050375** GLOBAL REALTY SERVICES GROUP, INC. 04-14-2000 90116 011 ***150.00 rincipal Place of Business Mailing Address HA7FL AVE 4383 HAZEL AVE BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-2634 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0599510 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 4383 HAZEL AVE PALM BEACH GARDENS FL 33410 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 CR2E034 (9/99) ☐ Addition ☐ Delete TITLE NAME HARRIS. KENNETH R STREET ADDRESS *DDDC55 4383 HAZEL AVE CITY-ST-ZIP ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP _ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 5.7 - ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME ADDRESS STREET ADDRESS CITY-ST-ZIP -:-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS ADODESS CITY-ST-ZIP 캙 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS ADDPESS CITY-ST-ZIP 210 certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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 , or on an attachment with an address npowered. NING OFFICER OR DIFFECTOR