

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061614

1. Entity Name

GLOBAL PROPERTIES INVESTMENT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90003 014 ***158.75

Principal Place of Business

Mailing Address

15160 NE 6TH AVE.
MIAMI FL 33162

PO BOX 61-2106
N. MIAMI FL 33261-2106

951326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0601545

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

7. Name and Address of New Registered Agent

LAKHANI, MOHAMMAD I
1800 NE 199TH ST
MIAMI FL 33179

Name

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

City

FL

Zip Code

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.

MOHAMMAD I LAKHANI

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LAKHANI, MOHAMMAD I
STREET ADDRESS 1800 NE 199 STREET
CITY-ST-ZIP MIAMI FL 33179

☐ Delete

TITLE VP
NAME SHOTWELL, MARY P
STREET ADDRESS 5711 S.W. 117 TERR.
CITY-ST-ZIP COOPER CITY FL 33330

☐ Delete

TITLE ST
NAME LAKHANI, HAMID
STREET ADDRESS 999 NE 167 ST., UNIT 200
CITY-ST-ZIP N. MIAMI BEACH FL 33162

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/25/00

DAYTIME PHONE #

305.949.5090

CR2E034 (9/99)