2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P95000094874** Apr 24, 2000 8:00 am Secretary of State GLOBAL NETWORK FINANCIAL SERVICES, INC. 04-24-2000 90082 002 ***150.00 Principal Place of Business Mailing Address 11455 NW 50 TERRACE 11455 NW 50 TERRACE MIAMI FL 33178-3552 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 237 NW 93 COURT Šuite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0644143 Not Applicable Country USA Country Zip \$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 Name CAMACHO CAMACHO, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 9285 S.W. 125TH AVENUE UNIT U, APT. 304 NW 93 COURT MIAMI FL 33186 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD POD TITLE Addition TITLE ☐ Delete CAMACHO, MIGUEL CAMACHO, MIGUEL NAME STREET ADDRESS 9285 SW 125TH AVENUE UNIT U APT. 304 STREET ADDRESS 1237 NW 93 COURT CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP <u> Miami, Fl 33172</u> ☐ Change Addition TITLE ☐ Delete TITLE CAMACHO, MAZIANEILA CAMACHO, MARIANELLA NAME NAME 1237 11W 93 COURT WAME, FL 33172 STREET ADDRESS 9285 SW 125TH AVENUE UNIT U APT. 304 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete TITLE Change Addition. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

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