

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001093

1. Entity Name  
GLOBALIS, INC.

FILED  
Apr 27, 2000 8:00 am  
Secretary of State  
04-27-2000 90049 042 \*\*\*150.00

Principal Place of Business  
5200 SW 8TH ST.  
1ST FLOOR, STE 250  
CORAL GABLES FL 33134

Mailing Address  
5200 SW 8TH ST.  
1ST FLOOR, STE 250  
CORAL GABLES FL 33134-2300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number 65-0636411  
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  
MENENDEZ, NORBERTO JR  
5200 SW 8TH ST.  
1ST FLOOR, STE 250  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	PSD	<input type="checkbox"/> Delete
NAME	MENENDEZ, NORBERTO JR	
STREET ADDRESS	5200 SW 8TH ST., 1ST FLOOR, STE 250	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>KETIS, DECIO</del>	
STREET ADDRESS	<del>1 COCONUT LANE</del>	
CITY - ST - ZIP	<del>KEY BISCAYNE FL 33149</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>VENOZO, CARMEN LUCIA B</del>	
STREET ADDRESS	<del>2299 S.W. 37 AVE., STE. 201</del>	
CITY - ST - ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Norberto Menendez* 4/29/00 (305) 569-0650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President.

CR2E034 (9/99)