

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004740

1. Entity Name
GLOBEWAY INTERNATIONAL CONSULTING, CORP.

Principal Place of Business

7370 NW 36TH STREET
SUITE 105 E
MIAMI FL 33166-6732

Mailing Address

7370 NW 36TH STREET
SUITE 105 E
MIAMI FL 33166-6732

2. Principal Place of Business

7225 NW 25 STREET

Suite, Apt. #, etc.

SUITE 306

City & State
MIAMI, FL

Zip
33122

Country

3. Mailing Address

7225 NW 25 STREET

Suite, Apt. #, etc.

SUITE 306

City & State
MIAMI, FL

Zip
33122

Country

4. FEI Number 65-0633976

Applied For

Not Applicable

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

VAL ALCANTARA, MAURO DO
6801 HARDING AVE., #210
MIAMI BEACH FL 33141-3829

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
VAL ALCANTARA, MAURO DO
6801 HARDING AVE., #210
MIAMI BEACH FL 33141-3829 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SANTOS, GILVAN G. DOS
6620 INDIAN CREEK DR. # 101
MIAMI BEACH, FL 33141 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VAL ALCANTARA, MAURO DO
6801 HARDING AVE., #210
MIAMI BEACH FL 33141-3829 ☒ Delete

TITLE
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CITY-ST-ZIP
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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 another like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90117 013 ***150.00

00046639



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

04-27-01