

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000004740**

1. Entity Name
GLOBEWAY INTERNATIONAL CONSULTING, CORP.



Principal Place of Business
**7225 NW 25 STREET
SUITE 300
MIAMI FL 33122**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** Delete
NAME **SANTOS, GILVAN G**
STREET ADDRESS **6620 INDIAN CREEK DR #101**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **S** Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 18, 2003 8:00 am
Secretary of State**

04-18-2003 90229 043 ***150.00

10078458



CHECK HERE IF MAKING CHANGES

4. FEI Number	65-0633976	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	

FL Zip Code _____

\$5.00 May Be
Added to Fees

CR2E034 (10/02)

04.15.03

Date

Daytime Phone #

007107 AV