

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90259 043 ***150.00

AV 6770620

DOCUMENT # P96000037854

1. Entity Name
GLOBAL MARINE TWO, INC.

Principal Place of Business
1622-30 NW 22 AVENUE
MIAMI FL 33125

Mailing Address
9125 SW 77 AVENUE
SUITE A205
MIAMI FL 33156

361408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1622-30 NW 22 AV.
 Suite, Apt. #, etc.

3. Mailing Address
2215 NW 14 ST.
 Suite, Apt. #, etc.

City & State
MIAMI FL
 Zip
33125
 Country

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MIAMI FL
 Zip
33125
 Country

4. FEI Number **65-1108227** **APPLIED FOR** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, JORGE
2215 NW 14 ST.
MIAMI FL 33125

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 _____ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | PVSD VELAZQUEZ, JORGE 2215 NW 14 ST. MIAMI FL 33125 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 **305-635 0920**
 Date Daytime Phone #

CR2E034 (9/01)