2000 UNIFORM BUSINESS REPORT (UBR)

Pg 1 of 2

DOCUMENT # P96000055265

FILED
00 JUN 30 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name

GLOBAL ADVENTURES, INC.

Principal Place of Business	Mailing Address
351 NW LEJEUNE ROAD SUITE 600 MIAMI FL 33126	351 NW LEJEUNE ROAD SUITE 600 MIAMI FL 33126

2. Principal Place of Business	3. Mailing Address
6100 Hollywood Boulevard	6100 Hollywood Boulevard
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Hollywood, Florida	City & State Hollywood, Florida
Zip: 33024 Country: U.S.A.	Zip: 33024 Country: U.S.A.

4. FEI Number: 65-0675126 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORMOSO-MURIAS, HECTOR
1101 BRICKELL AVENUE
PENTHOUSE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: FMR CORP.
Street Address (P.O. Box Number is Not Acceptable): One Unity Square
401 S.W. 27th Avenue
City: Miami, FL Zip Code: 33135

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: HECTOR FORMOSO-MURIAS, PRES. DATE: 4/26/00
Signature, type or print 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
On MAY 1, 2000 Fee Will Be $550.00
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	DPS POZUELO, THOMAS 351 NW LEJEUNE RD., SUITE 600 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS Pozuelo, Tomas 6100 Hollywood Boulevard, Suite 202 Hollywood, Florida 33024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003328629--9 -07/19/00--01091--008 ****400.00 ****400.00	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition SP

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: Tomas Pozuelo April 26, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FROM : CRUCEROS PHONE NO. : 220 2103

APR. 26.2000 4:31PM TEMPTRESS CRUISES

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REJECTED

06-13-2000 90053 013 **150.00

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Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc. Suite 202	
City & State Hollywood, Florida		City & State Hollywood, Florida	
Zip 33024	Country U.S.A.	Zip 33024	Country U.S.A.

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FORMOSO-MURIAS, HECTOR
1101 BRICKELL AVENUE
PENTHOUSE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: EMR CORP.

Street Address (P.O. Box Number is Not Acceptable): One Unity Square

401 S.W. 27th Avenue

City: Miami, FL Zip Code 33135

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)

Hector Formoso-Murias, Pres. 4/26/00 DATE

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[redacted]

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SIGNATURE: ______ Tomas Pozuelo April 26, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.03