## FILED **-2001 UNIFORM BUSINESS REPORT (UBR)** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000058099** 1. Entity Name GLOBAL BUSINESS TRENDS, INC. 04-30-2001 90351 044 \*\*\*150.00 Principal Place of Business Mailing Address 3232 NW 62ND LANE 3232 NW 62ND LANE **BOCA RATON FL 33496** BOCA RATON FL 33496 2. Principal Place of Business 3. Mailing Address 9217 B BOCA GARDEDS CAR STO 9217 BOCH GARDENS CIR SO DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0678893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DACHELET, THOMAS M --888 SE 3RD AVE SUITE 400 FT LAUDERDALE FL 33316 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ☐ Addition **VPS** TITLE TITLE Delete STERN, MARTIN NAME NAME 9217 B BOCA GARDENS CIRCLE SO. STREET ADDRESS STREET ADDRESS 3232 NW 62ND LANE CITY-ST-ZIP CITY-ST-ZIP RATON, **BOCA RATON FL 33496** Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZiP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME

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 12 it changed, or on an attachment with an adolter like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 451-2020 Daytime Phone #