

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099583

1. Entity Name

GLOBAL EXCHANGE GROUP, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90004 041 ***150.00

Principal Place of Business

Mailing Address

2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789

2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789-1738

*Not a
this Address*

2. Principal Place of Business

8572 LANSMERE LANE

3. Mailing Address

THE SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

4. FEI Number

59-3425913

Applied For

Not Applicable

Zip

32835

Country

ORANGE

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHAN REINHARD G.
2699 LEE ROAD, SUITE 540
WINTER PARK FL 32789

*Resigned
1/9*

7. Name and Address of New Registered Agent

Name

AMIR PARVIZ SHEIBANI

Street Address (P.O. Box Number is Not Acceptable)

5766 MARLBURY DR.

City

ORLANDO FL- 32819

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, 2000 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 PSTD
NAME SHABANY, AMIR K ☐ Delete
STREET ADDRESS 2699 LEE ROAD, SUITE 540
CITY-ST-ZIP WINTER PARK FL 32789

TITLE V.P.
NAME AMIR P. SHEIBANI ☐ Delete
STREET ADDRESS 5766 MARLBURY DR.
CITY-ST-ZIP ORLANDO FL- 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Amir P. Sheibani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #