2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P97000047685** GLOBAL GROUP TECHNOLOGIES, INC. 01-26-2000 90205 036 ***150.00 Principal Place of Business Mailing Address 4486 FOXTAIL LANE 4486 FOXTAIL LANE WESTON FL 33331-3847 WESTON FL 33331 907400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0756954 Not As all Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOMEZ, GERMAN Street Address (P.O. Box Number is Not Acceptable) 4486 FOXTAIL LANE WESTON FL 33331 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 FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing-\$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Gomez, BERMAN PSTD TITLE ☐ Delete GOMEZ, GERMAN 4486 FoxTail Lane STREET ADDRESS 5596 BOYNTON RISE LANE STREET ADDRESS Weston, FL 33331 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete TITLE Change Change TITLE Gomez, Ingric GOMEZ, INGRID NAME NAME 4486 FOXTail Lane STREET ADDRESS STREET ADDRESS 5596 BOYNTON RISE LN Weston, FL 33331 CITY-ST-ZIP CITY-ST-7/P **BOYNTON BCH FL 33437** TITI F Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP. J. 1974. A.S. CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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: