

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90290 001 ***150.00
 01-24-2002 90290 002 *****8.75

DOCUMENT # P97000053772

1. Entity Name
GLOBAL FINANCING, INC.

Principal Place of Business
3250 LAKEVIEW BLVD.
DELRAY BEACH FL 33445

Mailing Address
3250 LAKEVIEW BLVD.
DELRAY BEACH FL 33445

10017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SUITE 319
 Suite, Apt. #, etc.
10854 N. KENDELL DR
 City & State
MIAMI FLORIDA
 Zip
33176
 Country
DADE

3. Mailing Address
SUITE 319
 Suite, Apt. #, etc.
10854 N. KENDELL DR
 City & State
MIAMI FLORIDA
 Zip
33176
 Country
DADE

4. FEI Number **65-0815790** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TZ
HOROWITZ, HERBERT
10854 N KENDELL DR APT 33176
MIAMI FL 33176
319 SUITE

7. Name and Address of New Registered Agent

Name
HORONITZ HERBERT
 Street Address (P.O. Box Number is Not Acceptable)
10854 N. KENDELL DR
SUITE 319
 City
MIAMI FLORIDA **FL** Zip Code
33176

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 **1/10/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 | D HOROWITZ, HERBERT 10854 N. KENDELL DR APT # MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHARD KUDYBA 4394 MARS AVE W. PALM BEACH FL 33406 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

1/10/02 **305-273-8652**
 Date Daytime Phone #

CR2E034 (9/01)