4/2/0

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-02-2001 90321 008 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000061888

1. Entity Name

GLOBAL SOURCE, INC.

Principal Place of Business	Mailing Address
11400 KENDALL DR STE 213 MIAMI FL 33176	3941 N.E. 31ST AVE. LIGHTHOUSE POINT FL 33064

2. Principal Place of Business	3. Mailing Address
11400 N. Kendall Drive	
Suite, Apt. #, etc. STE 213	Suite, Apt. #, etc.
City & State Miami, Fla.	City & State
Zip 33176 Country	Zip Country

4. FEI Number 65-0779208 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUGHE, ~~TERESA J.~~ Thomas J.
3941 N.E. 31ST AVE.
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name: Thomas J. Pughe
Street Address (P.O. Box Number is Not Acceptable): 3941 NE 31st Avenue
City: Lighthouse Point, FL Zip Code: 33064

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] President 4/4/01
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PUGHE, ~~TERESA~~ Thomas J. 3941 N.E. 31ST AVE. LIGHTHOUSE POINT FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D Thomas J. Pughe ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Charles E. Pughe 242 Shadowbay Blvd South Longwood, FL 32779 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] - President 3/27/01 954-783-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #