2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P97000068560** Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** GLOBAL STRATEGIES ENTERPRISES CORPORATION 01-18-2000 90092 040 ***150.00 Principal Place of Business Mailing Address C/O ROBERTS & SALAZAR, L.L.P. C/O ROBERTS & SALAZAR, L.L.P. 50 WEST MASHTA DRIVE SUITE 2 50 WEST MASHTA DRIVE SUITE 2 KEY BISCAYNE FL 33149-2431 KEY BISCAYNE FL 33149 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0778616 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SALAZAR, LISETTE ESQ Street Address (P.O. Box Number is Not Acceptable) C/O ROBERTS & SALAZAR, L.L.P. 50 WEST MASHTA DRIVE SUITE 2 **KEY BISCAYNE FL 33149** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. resident Addition rresident TITI F ☐ Delete TITLE DIFONSO FERNANCO Daniel ALFONSO, FERNANDO D NAME NAME STREET ADDRESS 201 CRANDON BLVD. #1232 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** p Vice President ☐ Change ☐ Addition ☐ Delete TITLE TITLE sifusosanana ALFONSO, ADRIANA NAME STREET ADDRESS 201 CRANDON BLVD. #1232 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Director ☐ Change Director TIT! F DASSO, He clos DASSO, Hector 328 Crandon Blud # 212 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Key BISCAYNE FI 3Bolley 9 Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME 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 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.