

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90046 022 \*\*\*150.00

**DOCUMENT # P97000068560**

**1. Entity Name**  
**GLOBAL STRATEGIES ENTERPRISES CORPORATION**

**Principal Place of Business**

**328 CRANDON BLVD #212**  
**KEY BISCAINE FL 33149**

**Mailing Address**

**LISEITE SALAZAR**  
**1390 BRICKELL AVE #200**  
**MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**785 Crandon Blvd.**

**3. Mailing Address**

**785 Crandon Blvd**

Suite, Apt. #, etc.

**903**

Suite, Apt. #, etc.

**903**

City & State

**Key Biscayne FL**

City & State

**Key Biscayne FL**

**4. FEI Number**

**65-0778616**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SALAZAR, LISETTE ESQ**  
**1390 BRICKELL AVE #200**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name

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

**240 Crandon Blvd #206**

City

**Key Biscayne**

FL

Zip Code

**33149**

**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, 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	DP	<input type="checkbox"/> Delete
NAME	ALFONSO, FERNANDO D	
STREET ADDRESS	201 CRANDON BLVD. #1232	
CITY-ST-ZIP	KEY BISCAINE FL 33149	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALFONSO, ADRIANA	
STREET ADDRESS	201 CRANDON BLVD. #1232	
CITY-ST-ZIP	KEY BISCAINE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALFONSO, ADRIANA	
STREET ADDRESS	201 CRANDON BLVD #1232	
CITY-ST-ZIP	KEY BISCAINE FL 32149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO, ALFONSO	
STREET ADDRESS	785 Crandon Blvd. #903	
CITY-ST-ZIP	Key Biscayne FL 33149	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	785 Crandon Blvd. #903	
CITY-ST-ZIP	Key Biscayne FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *X Fernando Alfonso* **ALFONSO FERNANDO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/02/02**

Date

Daytime Phone #

**305 361 1037**

CR2E034 (9/01)