## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 04, 2001 8:00 am Secretary of State DOCUMENT # 1. Entity Name 1000085 04-04-2001 90124 013 \*\*\*150.00 GlobalVest<sub>G</sub>Securities, Principal Place of Business Mailing Address 2100EEast. 4th Street! PO Box 14460 Sahta Ana, Ca. 92705 Irvine, Ca. 92623 A0042756 2. Principal Place of Business 3. Mailing Address 2100 East 4th Street PO Box 14460 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 City & State City & State 4. FEI Number Applied For Santa Ana, Ca 65-0852261 Not Applicable <u>Irvine, Ca 92623</u> Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 92705 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>John Schiable</u> Street Address (P.O. Box Number is Not Acceptable) <u>301 S Missouri</u> Nick Anguli 130 Brazilian Way City Clearwater Zip Code Palm Beach, F1 33756 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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. Change Addition TITLE TITLE □ Delete Director . President NAMÉ NAME John Schaible Robert A. Lechman STREET ADDRESS STREET ADDRESS 301 S Missouri PO Box 14460, Irvine, Ca. 92623 CITY-ST-ZIP CITY-ST-ZIP Clearwater, F1 33756 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS . F.S. .... CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/201 949-552-14