

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90085 026 ***150.00

DOCUMENT # P98000016040

1. Entity Name
 GLOBAL FINANCIAL SERVICES INSTITUTE, INC.

Principal Place of Business Mailing Address
 1390 South Dixie Hwy. 701 Brickell Avenue
 Suite 2120 Suite 3000
 Coral Gables, FL 33146 Miami, FL 33131

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 1390 South Dixie Hwy.
 Suite, Apt. #, etc.
 Suite 2120

City & State City & State
 Coral Gables, FL 33146

Zip Country Zip Country
 33146 USA

4. FEI Number Applied For
 65-0813721 Not Applicable

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

00074440

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 American Information Services, Inc.
 One S.E. 3rd Avenue, 28th Floor
 Miami, FL 33131

N/C 2/15/2k

7. Name and Address of New Registered Agent

Name

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

City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable

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, 2000 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	DP GROSSE, ROBERT 1390 S DIXIE HWY #2120 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTM YANES, JOSE M. 1390 S DIXIE HWY #2120 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMBERTO, SERNA 1390 S DIXIE HWY #2120 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, DANIEL 1390 S DIXIE HWY #2120 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS JOSEFINA 1390 S DIXIE HWY #2120 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SERNA, HUMBERTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANES, JUAN A. 1390 S DIXIE HWY #2120 CORAL GABLES, FL 33146 <input type="checkbox"/> Change <input checked="" 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: *Dagmar Corp. Secretary* 4/18/00 (305) 665 2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)