

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

1390 South Dixie Hwy.
 Suite 2120
 Coral Gables, FL 33146

Mailing Address

701 Brickell Avenue
 Suite 3000
 Miami, FL 33131

2. Principal Place of Business

3. Mailing Address

1390 South Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2120

City & State

City & State

Coral Gables, FL 33146

4. FEI Number
 65-0813721

Applied For

Not Applicable

Zip

Country

Zip
 33146

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

American Information Services, Inc.
 One S.E. 3rd Avenue, 28th Floor
 Miami, FL 33131

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 GROSSE, ROBERT
 1390 S DIXIE HWY #2120
 CORAL GABLES, FL 33146 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVTM
 YANES, JOSE M.
 1390 S DIXIE HWY #2120
 CORAL GABLES, FL 33146 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HUMBERTO, SERNA
 1390 S DIXIE HWY #2120
 CORAL GABLES, FL 33146 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SERNA, HUMBERTO ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GARDNER, DANIEL
 1390 S DIXIE HWY #2120
 CORAL GABLES, FL 33146 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 VARGAS JOSEFINA
 1390 S DIXIE HWY #2120
 CORAL GABLES, FL 33146 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 YANES, JUAN A.
 1390 S DIXIE HWY #2120
 CORAL GABLES, FL 33146 ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)