

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051675

1. Entity Name
GLO-CAP CORPORATION

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90005 041 ***150.00

Principal Place of Business

1327 W. 77AVE.
HIALEAH FL 33012
US

Mailing Address

P.O. BOX 2247
HIALEAH FL 33012
US

2. Principal Place of Business

3. Mailing Address
P.O. Box 22247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIALEAH - FL.

Zip

Country

Zip

33002

Country

USA

4. FEI Number 65-0841457

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 2001 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 | PD | <input type="checkbox"/> Delete |
| NAME | LEMA, NORBERTO H | |
| STREET ADDRESS | 1327 W 77AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | JEAN PIERRE LEMA | |
| STREET ADDRESS | 1327 W. 77AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | JEAN PAUL LEMA | |
| STREET ADDRESS | 1327 W 77AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| 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 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 |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2001 305-582-9368

CR2E034 (10/00)