FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -6 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000057745

1. Entity Name
GLOBAL MANAGEMENT NETWORK, INC

DO NOT WRITE IN THIS SPACE

000005866360--0
-06/19/02--01072--013
****300.00 ****300.00

2. Principal Place of Business	3. Mailing Address
13499 Biscayne Blvd.	(Same)
Suite, Apt. #, etc. Suite # 205	Suite, Apt. #, etc.
City & State North Miami, FL	City & State
Zip 33181 Country US	Zip Country

4. FEI Number 65-0846734 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Antonio Macli
Street Address (P.O. Box Number is Not Acceptable): 13499 Biscayne Blvd. Suite # 205
City: Miami FL Zip: 33181

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] 06-03-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Antonio Macli
STREET ADDRESS	13499 Biscayne Blvd. Ste#205
CITY-ST-ZIP	Miami - FL - 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 has attachment with an address, with all other like empowered.

SIGNATURE: [signature] 06-03-02 9am-5pm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date