

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062348

1. Entity Name

GLOBAL TRADING OPPORTUNITIES INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90048 025 ***150.00

Principal Place of Business

3255 NE 184TH STREET
SUITE 12207
AVENTURA FL 33160

Mailing Address

3255 NE 184TH STREET
SUITE 12207
AVENTURA FL 33160-4991

2. Principal Place of Business

6405 NW 36 ST

Suite, Apt. #, etc.

221

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

3. Mailing Address

6405 NW 36 ST

Suite, Apt. #, etc.

221

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0849947

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMBERG, MARK
3255 NE 184TH STREET
SUITE 12207
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name

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

1587 MARINER WAY

~~HOLLYWOOD~~

City

HOLLYWOOD

FL

Zip Code

33019

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]

MARK GRIMBERG PRESIDENT

02 APR 00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMBERG, MARK	
STREET ADDRESS	3255 NE 184TH STREET	
CITY-ST-ZIP	AVENTURA FL 33160	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMBERG, MARK	
STREET ADDRESS	1587 MARINER WAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
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
NAME		
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] MARK GRIMBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 APR 00

Date

305 (305) 790-0463

Daytime Phone #

CR2E034 (9/99)