

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90182 002 ***150.00

DOCUMENT # P98000076505

1. Entity Name
GLOBAL FX, INC.



Principal Place of Business
**8500 SW 5TH STREET
STE 244
MIAMI FL 33144**

Mailing Address
**8500 SW 5TH STREET
STE 244
MIAMI FL 33144**

2. Principal Place of Business

8700 West Flagler ST

3. Mailing Address

8700 West Flagler ST

Suite, Apt. #, etc.

Suite 170

Suite, Apt. #, etc.

Suite 170

City & State

Miami FL

City & State

Miami FL

Zip

33174

Country

Zip

33174

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0863951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOULET, NEY ROBERTO
8500 SW 8TH STREET
STE 244
MIAMI FL 33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOUTET, NEY ROBERT**
STREET ADDRESS **4779 COLLINS AVE #3608**
CITY-ST-ZIP **MIAMI FL 33149**

TITLE **VP** ☐ Delete
NAME **KIRK, WOODROW**
STREET ADDRESS **5735 SW 88 AVENUE**
CITY-ST-ZIP **COPPER CITY FL 33140**

TITLE **ST** ☐ Delete
NAME **DIAZ, MARTA BOUTET**
STREET ADDRESS **4779 COLLINS AVE #3608**
CITY-ST-ZIP **MIAMI BEACH FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ZIP CODE 33140**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ZIP CODE 33328**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ZIP CODE 33140**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/2003

Date

(305) 262 1953

Daytime Phone #

CR2E034 (10/02)