2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

SIGNATURE AND TYPED OR PRIN

SIGNATURE:

DOCUMENT # **P98000079175** Apr 24, 2000 8:00 am Secretary of State GLOBAL BUSINESS NETWORK INC. 04-24-2000 90065 050 ***150.00 Mailing Address Principal Place of Business 3800 INVERRARY BLVD., SUITE 205 3800 INVERRARY BLVD.. SUITE 205 LAUDERHILL FL 33319-4358 LAUDERHILL FL 33319 3. Mailing Address 2. Principal Place of Business 12291 NW 33rd St. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0865550 Not Applicable SONUL SE \$8.75 Additional 7ip 5. Certificate of Status Desired 33323 Fee Required Brower 3332 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **んい**にら -612760 GARCIA, LUIS D Street Address (P.O. Box Number is Not Acceptable) 8041 W OAKLAND PARK BLVD SUNRISE FL 33351 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. GARCIA, LUIS ☐ Addition TITLE Delete TITLE 12 EE WAIPESI GARCIA, LUIS NAME NAME STREET ADDRESS 2180 NW 121 AVE. STREET ADDRESS JUNEISE, FL. 33323 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33323 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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