

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080605

1. Entity Name

GLOBALBOT CORP.

Principal Place of Business

2999 N. E. 191ST ST.  
PH 8  
AVENTURA FL 33180

Mailing Address

2999 N. E. 191ST ST.  
PH 8  
AVENTURA FL 33180-3117

FILED

May 13, 2000 8:00 am  
Secretary of State

05-13-2000 90003 027 \*\*\*150.00

LUU0J0J1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 W HALLANDALE BCH BLVD

Suite, Apt. #, etc.

3RD FLOOR

City & State

HALLANDALE, FL

Zip

33009

Country

USA

3. Mailing Address

3001 W HALLANDALE BCH BLVD

Suite, Apt. #, etc.

3RD FLOOR

City & State

HALLANDALE, FL

Zip

33009

Country

USA

4. FEI Number

65-0869087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEL MEDICO, REBECCA J ESQ.  
14 TARA LAKES DRIVE EAST  
BOYNTON BEACH FL 33436

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
PEREIRA, CAMILO  
2999 N. E. 191ST ST./PH 8  
AVENTURA FL 33180 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP/S  
PEREIRA, MAXINE  
2999 N. E. 191ST ST./PH 8  
AVENTURA FL 33180 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES.  
WAINER, CHARLES  
2534 NE 206 TERRACE  
MIAMI, FL 33180 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
MAGILL, THOMAS  
3301 SO OCEAN BLVD # 306  
HIGHLAND BEACH, FL 33487 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
SCAFIDI, JOHN  
8160 SW 192 STREET  
MIAMI, FL 33157 ☐ Change ☒ Addition

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

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

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

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: Thomas K. Magill THOMAS K. MAGILL

Date 04/27/00 Daytime Phone # 954-457-0900