

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90317 010 ***150.00

DOCUMENT # P98000080605

1. Entity Name
GLOBALBOT CORP.

Principal Place of Business

1250 E HALLANDALE BEACH BLVD
 SUITE 602
 HALLANDALE FL 33009
 US

Mailing Address

1250 E HALLANDALE BEACH BLVD
 SUITE 602
 HALLANDALE FL 33009
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13899 BISCAYNE BLVD
 Suite, Apt. #, etc.
SUITE 316

3. Mailing Address

13899 BISCAYNE BLVD
 Suite, Apt. #, etc.
SUITE 316

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0869087**

Applied For
 Not Applicable

Zip Country
33181 USA

Zip Country
33181 USA

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
REBECCA J. DELMEDICO ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
6281 FLORIDIAN CIRCLE
 City **LAKE WORTH** **FL** Zip State **33463**

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 *Rebecca J. DelMedico*
 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, 2002 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 | VP EHRENTAL, WENDY 16907 CRESTVIEW LANE WESTON FL 33326 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SERGE, DAZILE 8120 SW 4 ST NORTH LAUD FL 33068 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO SCAFIDI, JOHN 8160 SW 192 ST MIAMI FL 33157 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT ROBERT K. KOGON 1338 GARVISTATE CIRCLE WEST PALM BEACH, FL 33414 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert K. Kogon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02 (561) 964-6622
 Date Daytime Phone #

CR2E034 (9/01)