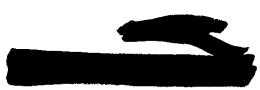
## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** P98000096322 1. Entity Name GLOBAL EVENTS, INC. Principal Place of Business Mailing Address 5509 MILITARY TRAIL - #308. P O BOX 811209 BOCA RATON FL-22408 3818W 13th Street -BOCS: RATON FL 33481 BOCA Beca Ratm, Fi 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Ζiρ Country Zio Country 6. Name and Address of Current Registered Agent RALEY, AMY 5505 N. MILITARY TRAIL #308 BOCA RATON FL-88490-350 SW SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Make Check Payable to Department of State

## FILED Sep 26, 2002 8:00 am Secretary of State

09-12-2002 90060 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE Applied For 59-3542703 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 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 DATE 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (4/02) ☐ Change ☐ Addition NAME RALEY, AMY NAME 380 SW 13th St STREET ADDRESS 5505 N MILITARY TR #308 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL-88498 33432 CITY-ST-ZIP TITLE TITLE ☐ Change Addition NAME RAY, JAMES 7014 AZ SKINNER PKWY NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonvinle fl CITY-ST-ZIP TITLE ☐ Delete —... ☐ Change NAME □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71E CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE C Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARED

**SEP - 4** 2002

541-362-1757

allathumal 4303 | # 79800096322

PO Box 811209, Boca Raton, FL 33481 (561) 362-7757 Fax (561) 362-7767 www.tropicbeauty.com

September 4, 2002

Department of State

To Whom It May Concern:

Enclosed please find check # 2479 in the amount of \$150.00. Please do note that this is the first notice I have received regarding this matter. I have corrected the information on the form, and hope that this may resolve any future delays. Thank you.

Best Regards,

Amy Raley President

AJR/dh Enc.