

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102791

1. Entity Name

GLOBAL PROPERTY INVESTMENTS, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90127 040 \*\*\*150.00

Principal Place of Business

Mailing Address

2700 S. COMMERCE PKWY., STE. 305  
WESTON FL 33331

6010 NW 68 MANOR  
POMPAHO BEACH FL 33067

00047478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1133 S. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 211

City & State

City & State  
PLANTATION

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33324

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTSCHUL, JOSEPH E  
2700 S. COMMERCE PKWY., STE. 305  
WESTON FL 33331

Name

LEE GLASSMAN

Street Address (P.O. Box Number is Not Acceptable)

1133 S. UNIVERSITY DR #211

City

PLANTATION

FL

Zip Code

33324

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

LAW OFFICE OF LEE GLASSMAN

Lee Glassman

42701

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONAGHAN, PATRICK K 4469 DOGWOOD CIR. WESTON FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MONAGHAN, SUZANNE 4469 DOGWOOD CIR. WESTON FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONAGHAN, MICHAEL 1 FRISTON PATH MANFORD WAY CHIUILL ESSEX ENGLAND	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOWD, WILLIAM 35 CHRIST CHURCH RD. ILFORD, ESSEX, ENGLAND	<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

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 796 1744

CR2E034 (10/00)