

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90394 003 \*\*\*150.00

0569124 AV

**DOCUMENT # P99000007186**

1. Entity Name  
**GLOBAL USA, INC.**



Principal Place of Business  
**850 S. TAMiami TRAIL #427  
SARASOTA FL 34236**

Mailing Address  
**850 S. TAMiami TRAIL #427  
SARASOTA FL 34236**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**2616 49TH ST**

Suite, Apt. #, etc.  
**2616 49TH ST**

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

4. FEI Number **65-0891799**

Applied For  
Not Applicable

Zip **34234** Country **USA**

Zip **34234** Country **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

**MAZSA, DEZSO  
850 S. TAMiami TRAIL #427  
SARASOTA FL 34236**

Name **MAZSA, DEZSO**

Street Address (P.O. Box Number is Not Acceptable)  
**2616 49TH ST**

City **SARASOTA FL** Zip Code **34234**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **CEOP MAZSA, DEZSO MR**  
STREET ADDRESS **850 S TAMiami TRAIL #427**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition  
NAME **DEZSO MAZSA MR**  
STREET ADDRESS **2616 49TH ST**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete  
NAME **VP IRO, BEATRIX MS**  
STREET ADDRESS **850 S TAMiami TRAIL #427**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition  
NAME **BEATRIX MAZSA MRS**  
STREET ADDRESS **2616 49TH ST**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SARASOTA** **CEOP DEZSO MAZSA** **042903** **941 780 9911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)