## 2000 UNIFORM BUSINESS REF

## DOCUMENT # P99000008789

1. Entity Name

GLOBAL CHOICE INTERNATIONAL, INC.

05-08-2000 90031 040 \*\*\*150.00 Mailing Address Principal Place of Business 6250 W. OAKLAND PARK BLVD., SUITE 6 6250 W. OAKLAND PARK BLVD., SUITE 6 -Sunrise fl 33313-1214 SUNRISE FL 33313 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FELNumber City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREEN, BARBARA Y -6250 W. OAKLAND PARK BLVD., SUITE 6... SUNRISE FL 33313 of this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. The above nar (NOTE: Registered Agent aignature required when reinstating) DATE ne of registered agent and title if applicable. FILE NOW!!! FEE\_IS\_\$150.00\_ 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and ejects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition P D TITLE ☐ Delete TITLE NAME GREEN, BARBARA Y Green, Barbara Y. NAME 5749 Blueberry Ct. STREET ADORESS STREET ADDRESS 5749 BLUEBERRY CT. CITY-ST-ZIP Lauderhill, FL 33313 CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Addition TITI E TITLE Delete NAME BOKOSSA, MARTIN M Bokossa, Martin M. STREET ADDRESS 5749 Blueberry Ct. STREET ADDRESS 5749 BLUEBERRY CT. CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Lauderhill, FL 33313 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition. TILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS COV-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITE F NAME NAME STREET ADDRESS STREET ADDRESS

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 60?, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with at address, with all other like empowered.

CITY-ST-7IP

changed, or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

954-5/2-8933

FILED

Jun 05, 2000 8:00 am Secretary of State

CR2E034 (9/99)