## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P99000017074** Feb 03, 2000 8:00 am **Secretary of State** GLOBAL REAL ESTATE MANAGEMENT, INC. 02-03-2000 90002 046 \*\*\*150.00 Principal Place of Business Mailing Address 5621 SW 69TH AVE 5621 SW 69TH AVE MIAMI FL 33143 MIAMI FL 33143-1934 2. Principal Place of Business 3. Mailing Address P.O. Box 160 TER. 5204 1830 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt, #, etc. Applied For City & State 4. FEI Number City & State 33014 MIAMI LAKES MAIM Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired スろのし 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CACHINERO -ANGEL. Idress (P.O. Box Number is Not Acceptable) CACHINERO, ANGEL 5621 SW 69TH AVE MIAMI FL 33143 Zip Code 3 301 6 LAKES statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) me 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 elects 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 ☐ Delete TITLE TITLE ANGEL CACHINERO NAME CACHINERO, ANGEL NAME 7830 NW 160 TER STREET ADDRESS STREET ADDRESS 5621 SW 69TH AVE MIAMI LAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** Change Addition ☐ Delete TITLE MICHELLE M. CACHINEND TITLE NAME NAME CACHINERO, MICHELLE M 7830 NW 160TER. STREET ADDRESS STREET ADDRESS 5621 SW 69TH AVE miami LAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of the 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 a address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR