2000 UNIFORM BUSINESS REPORT (UBR)

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May 17, 2000 8:00 am Secretary of State DOCUMENT # P99000030914 1. Entity Name GLOBAL LINK TRADING CORP. 05-17-2000 90855 015 ***159.00 Mailing Address Principal Place of Business 7370 NW 36TH ST., STE, 126 7370 NW 36TH ST., STE, 126 MIAMI FL 33166-6732 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0909430 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 Name Guillermo Contreras SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE 2962 NW 109 Ter CORAL GABLES FL 33134 City Sunrise 8. The above named entity submits this statement for the purpose of changing its registered office oc registered agent, or both, in the State of Florida. Cuillermo Conteras Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. Change ☐ Addition DPS ☐ Delete TITLE ACUA, JOSE G NAME NAME STREET ADDRESS 7370 NW 36TH ST., STE. 126 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ☐ Addition TITLE Change ☐ Delete TITLE ALVAREZ, JOSE G NAME NAME 7370 NW 36TH ST., STE. 126 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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-7/P CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 apport 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 received or tribate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receive changed, or on an attachment w