

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048005

1. Entity Name  
**GLOBAL EXECUTIVE SERV. CORP.**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90014 014 \*\*\*150.00

Principal Place of Business  
**4995 NW 72ND AVE., #407**  
**MIAMI FL 33166**

Mailing Address  
**4995 NW 72ND AVE., #407**  
**MIAMI FL 33166**

2. Principal Place of Business  
**1333 SW 175 WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**1333 SW 175 WAY**  
Suite, Apt. #, etc.

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMBROKE PINES, FL**

4. FEI Number **65-0920894**

Applied For  
Not Applicable

Zip  
**33029**

Country  
**USA**

Zip  
**33029**

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

**LOUREIRO, CARLOS R**  
**4995 NW 72ND AVE., #407**  
**MIAMI FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1333 SW 175 WAY**

City  
**PEMBROKE PINES, FL** Zip Code  
**33029**

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/25/01**

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 **D** ☐ Delete  
NAME **LOUREIRO, CARLOS R**  
STREET ADDRESS **4995 NW 72ND AVE., #407**  
CITY-ST-ZIP **MIAMI FL 33166**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **1333 SW 175 WAY**  
CITY-ST-ZIP **PEMBROKE PINES, FL. 33029**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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☐ Change ☐ Addition  
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☐ Change ☐ Addition  
TITLE  
NAME  
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 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 #

CR2E034 (10/00)