

2000 UNIFORM BUSINESS REPORT (UBR)

4/4.

FILED

May 10, 2000 8:00 am
Secretary of State

04-04-2000 90031 004 ***158.75

DOCUMENT # P99000052823

1. Entity Name

GLOBAL EMPLOYMENT AGENCY CORP.

Principal Place of Business

Mailing Address

2156 SANTA BARBARA BLVD.
NAPLES FL 34116

2156 SANTA BARBARA BLVD.
NAPLES FL 34116-5441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3610791

Applied For

Not Applicable

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

BARICAN, EDUARDO
2156 SANTA BARBARA BLVD.
NAPLES FL 34116

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Eduardo M. Barican

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEES \$150.00

After MAY 15, 2000 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 **P**
NAME **BARICAN, EDUARDO**
STREET ADDRESS **4300 19TH AVE. S.W.**
CITY-ST-ZIP **NAPLES FL 34116**

☐ Delete

TITLE **VT**
NAME **BARICAN, EVANGELINE**
STREET ADDRESS **4300 19TH AVE. S.W.**
CITY-ST-ZIP **NAPLES FL 34116**

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CITY-ST-ZIP

☐ Change ☐ Addition

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: *Eduardo M. Barican* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)