

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90082 037 ***150.00

DOCUMENT # P99000052996

1. Entity Name

GLOBAL MESH INC.

Principal Place of Business

104 CRANDON BLVD #324
 KEY BISCAIYNE FL 33149

Mailing Address

104 CRANDON BLVD #324
 KEY BISCAIYNE FL 33149-1542

2. Principal Place of Business

1221 Brickell Ave
 Suite, Apt. #, etc.
 9th Floor

3. Mailing Address

1221 Brickell Ave
 Suite, Apt. #, etc.
 9th Floor

City & State

Miami Florida

City & State

Miami Florida

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-0944191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MANRIQUE, MARIANELA
 104 CRANDON BLVD #324
 KEY BISCAIYNE FL 33149

7. Name and Address of New Registered Agent

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

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

(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!!! FEE IS \$150.00
After MAY 1, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Chairman
 Jose Rodrigo Umaña Martinez

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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 CITY-ST-ZIP
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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: Mariabella Manrique
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/00 305-3655353
 Date Daytime Phone #

CR2E034 (9/99)