

1. Entity Name
GLOBAL MESH INC.
#P99000052996

Principal Place of Business
101 OCEAN LANE DRIVE
#2014
KEY BISCAYNE FL 33149

Mailing Address
101 OCEAN LANE DRIVE
#2014
KEY BISCAYNE FL 33149

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
Sep 19, 2002 8:00 am
Secretary of State
07-28-2002 90196 019 ****62.25
09-19-2002 90156 005 ***550.00

DO NOT WRITE IN THIS SPACE

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
101 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149
1150 Brickell Bay Dr #1408 Miami FL 33131

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARTINEZ, JOSE RODRIGO 101 OCEAN LANE DRIVE, #2014 KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZITA ALVAREZ 1150 BRICKELL BAY DR #1408 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Zita Alvarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *7/22/02* Daytime Phone # *305 579-5283*

CR2E034 (4/02)

Atkhmed

#P9900052996

Miami, FL September 17, 2002

Secretary of State
DIVISION OF CORPORATIONS
PO Box 1500
Tallahassee, FL 32302-1500

RE: Global Mesh, Inc.
65-0944191

Dear Sirs:

Enclosed please find the Annual Return Form that we couldn't send on time, with the changes filled on it and the check in amount of \$550.00.

It is very urgent and imperative to me that the mentioned changes appear on the Corporation ASAP.

I apologize for the delay.

Should you have any questions please don't hesitate to contact me at (305)273-1903 or (305) 579-5353.

I appreciate your helpful cooperation,

Zita Alvarez
ZITA ALVAREZ
President
Global Mesh, Inc.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corporations
Uniform Business Report
Filings

P.O. Box 1500

Tallahassee, FL ~~32302~~

32302-1500

2. Article Number

7002 0510 0000 7786 3958

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Carl Crawford

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Attachment

P99000052276

Domestic Return Receipt

102595-02-M-0835

Attachment

COPY

P99000052926

GLOBAL MESH INC 08/00		1635
101 OCEAN LANE DRIVE APT 2014		
KEY BISCAYNE, FL 33149		
305-365-6363	305-5795353	07/22/02 DATE
PAY TO THE ORDER OF	Secretary of State - Div. of Corporations	\$ 62,251.10
Sixty two with 25/100		DOLLARS
SUNTRUST		
SunTrust Bank, Miami Miami, FL 33133		
FOR		Francisco Fontigona
⑆066000604⑆0597015037617⑆ 1635		

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