2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053326 ✓

FILED
Jun 13, 2000 8:00 am
Secretary of State
06-13-2000 90002 001 ***550.00

1. Entity Name

GLOBAL NET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
11900 Biscayne Boulevard Suite 200 Miami, FL 33181	11900 Biscayne Boulevard Suite 200 Miami, FL 33181

D0063850

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
11755 Biscayne Boulevard		11755 Biscayne Boulevard	
Suite, Apt #, etc. #200		Suite, Apt #, etc. #200	
City & State: No. Miami, FL		City & State: No. Miami, FL	
Zip: 33181	Country: USA	Zip: 33181	Country: USA

4. FEI Number: 65-0923039 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B & C Corporate Services, Inc.
201 S. Biscayne Boulevard, Ste. 3000
Miami, FL 33131

7. Name and Address of New Registered Agent

Name: American Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): One S.E. 3rd Avenue, 28th Floor
City: Miami FL Zip Code: 33131

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.

American Information Services, Inc.
SIGNATURE [signature] Nery C. Toledo, Asst. Sec. 6/8/2000
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE D-P NAME Katz, Reynald STREET ADDRESS 11755 Biscayne Blvd., #201 CITY-ST-ZIP Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] REYNALD KATZ PRESIDENT 6/08/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-981-9393