

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90047 024 ***150.00

DOCUMENT # P99000060665

1. Entity Name

GLOBAL MARKETS U.S.A., INC.

Principal Place of Business

Mailing Address

~~4134 GULF OF MEXICO DRIVE, SUITE 302~~
~~LONGBOAT KEY FL 34228~~

~~4134 GULF OF MEXICO DRIVE, SUITE 302~~
~~LONGBOAT KEY FL 34228~~

940777

2. Principal Place of Business

3. Mailing Address

19429 ESTUARY DRIVE

19429 ESTUARY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0932584

Applied For

Not Applicable

Zip

Country

33498 U.S.A

Zip

Country

33498 U.S.A

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

VAN DER KAMP, HERMAN

~~4134 GULF OF MEXICO DRIVE, SUITE 302~~
~~LONGBOAT KEY FL 34228~~

Name

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

19429 ESTUARY DRIVE

City

BOCA RATON

FL

Zip Code

33498

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)

04-04-2001

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, 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 **PD** ☐ Delete
NAME **VAN DER KAMP, HERMAN**
STREET ADDRESS ~~4134 GULF OF MEXICO DRIVE, SUITE 302~~
CITY-ST-ZIP ~~LONGBOAT KEY FL 34228~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **19429 ESTUARY DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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)(f), 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 another like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMAN VAN DER KAMP

Date

Daytime Phone #

04-04-2001

1-561

558 0376

CR2E034 (10/00)