

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90056 028 \*\*\*150.00

**DOCUMENT #** P99060064449 ✓

**1. Entity Name**  
 Global Venture Partners

**Principal Place of Business**      **Mailing Address**

**2. Principal Place of Business**  
 1370 Washington Ave  
 Suite, Apt. #, etc.  
 Suite 306  
 City & State  
 Miami Beach, Florida  
 Zip  
 33139  
 Country  
 DADE

**3. Mailing Address**  
 1370 Washington Ave  
 Suite, Apt. #, etc.  
 Suite 306  
 City & State  
 Miami Beach, Florida  
 Zip  
 33139  
 Country  
 DADE

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
 65-0990090

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Ronald L. Roth Esq.  
 2601 South Bayshore Drive STE 1600  
 Miami, Florida 33133

**7. Name and Address of New Registered Agent**  
 Name  
 SEAN SALADINO  
 Street Address (P.O. Box Number is Not Acceptable)  
 1370 Washington Avenue Ste. 306  
 City  
 Miami Beach FL Zip Code  
 33139

**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** SEAN SALADINO Sean Saladino Vice President 4/10/00  
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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> Delete	TITLE	VICEPRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN Roth	NAME	SEAN SALADINO
STREET ADDRESS	708 W. 51st ST.	STREET ADDRESS	1370 Washington Avenue Ste 306
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139
TITLE	TREASURER / DIRECTOR <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY / TREASURER / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL SALADINO	NAME	MICHAEL TRONN COOPER
STREET ADDRESS	2601 S. BAYSHORE DR.	STREET ADDRESS	20 ISLAND AVENUE # 708
CITY-ST-ZIP	MIAMI, Florida 33133	CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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:** SEAN SALADINO Sean Saladino 4/10/00 (305) 531-7406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)