

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067806

1. Entity Name

GLOBAL ONLINE ENTERTAINMENT, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90127 007 ***150.00

Principal Place of Business

1201 HARDEE ROAD
CORAL GABLES FL 33146

Mailing Address

1201 HARDEE ROAD
CORAL GABLES FL 33146-3230

2. Principal Place of Business

1172 S. DIXIE HWY
Suite, Apt. #, etc.
P.M.B. # 317

3. Mailing Address

1172 S. DIXIE HWY
Suite, Apt. #, etc.
P.M.B. # 317

City & State
CORAL GABLES FL.

City & State
CORAL GABLES FL.

Zip
33146

Country
USA

Zip
33146

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSS, PHILIP E JR. ESQ
1201 HARDEE ROAD
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1172 S. DIXIE HWY. P.M.B. 188

City CORAL GABLES FL Zip Code 33146

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 Philip E. Goss Jr. (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 **D** ☐ Delete
NAME ~~GOSS~~ PHILIP E JR. ESQ
STREET ADDRESS 1201 HARDEE ROAD
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME PHILIP E. GOSS, JR., ESQ
STREET ADDRESS
CITY-ST-ZIP

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

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

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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)(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: Philip E. Goss Jr. 04/27/00 305/668-2446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)