2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 27, 2001 8:00 am DOCUMENT # P99000068656 **Secretary of State** 03-09-2001 90037 001 ***900.00 GLOBAL IV HOLDINGS, INC. Principal Place of Business Mailing Address 750 N ATLANTIC AVE 750 N ATLANTIC AVE COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3591780 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIERCE, JOHN G Street Address (P.O. Box Number is Not 750 N ATLANTIC AVE COCOA BEACH FL 32931 gATLAN TIC 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to di After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change TIME ☐ Detete NAME NAME YASSIFON, JOSEPH STREET ADDRESS STREET ADDRESS 750 N ATLANTIC AVE CHTY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Addition ☐ Delete TITLE TITLE NAME YODDIFON, JOSEPH NAME STREET ADDRESS STREET ADDRESS 750 N. ATLANTIC AVENUE CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete ПΠЕ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 this see 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED