

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071801

1. Entity Name

THE GLOBAL GROUP, MARKETING, MANAGEMENT, INC.

**FILED**  
Jul 05, 2000 8:00 am  
Secretary of State

05-18-2000 90290 040 \*\*\*150.00

Principal Place of Business

Mailing Address

15420 SW 73TH LANE #10  
MIAMI FL 33199

PO BOX 972504  
MIAMI FL 33197-2504

11246 SW 160 Ct.  
Miami, FL 33196

2. Principal Place of Business

11246 S.W. 160 Ct.

3. Mailing Address

PO BOX 972504

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0954677

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

33197

Country

USA

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

WRIGHT, PHILOMENA E.

15420 SW 73TH LANE #10  
MIAMI FL 33199

11246 SW 160 Ct.  
Miami, FL 33196

Name

WRIGHT, PHILOMENA E.

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

11246 S.W. 160 COURT

City

MIAMI

FL

Zip Code

33196

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

PHILOMENA E. WRIGHT, (PRESIDENT)

4/26/00

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)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	PHILOMENA E. WRIGHT	
STREET ADDRESS	11246 S.W. 160 COURT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

PHILOMENA E. WRIGHT 4/26/00

Date

Daytime Phone #

(305) 383 6008

CR2E034 (9/99)