## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P99000072802** 1. Entity Name GLOBATECH TRADING CORP. 04-13-2000 90016 015 \*\*\*150.00 Principal Place of Business Mailing Address PMB 110 13876 SW 56TH STREET PM8 110 13876 SW 56TH STREET MIAMI FL 33175 MIAMI FL 33175 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 Not Applicable 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 Name CORONADO, NESTOR Street Address (P.O. Box Number is Not Acceptable) 7360 CORAL WAY SUITE 21 MIAMI FL 33155 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. ្វាច្នា់ន corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be x filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSD ☐ Addition ☐ Change ☐ Delete TITLE TITLE LEIVA, DANIA NAME MAME STREET ADDRESS PMB 110 13876 SW 56TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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 employeed.

SIGNATURE: