

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90048 012 ***150.00

DOCUMENT # P99000073022

1. Entity Name
GLOBEMED CORP.

Principal Place of Business C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 SOUTH DIXIE HWY. PH2 MIAMI FL 33156	Mailing Address C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 SOUTH DIXIE HWY. PH2 MIAMI FL 33156
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2. Principal Place of Business 3440 Hollywood Blvd	3. Mailing Address 3440 Hollywood Blvd
Suite, Apt. #, etc. 360	Suite, Apt. #, etc. 360

City & State Hollywood, FL	City & State Hollywood, FL
Zip 33021	Zip 33021
Country U.S.A.	Country U.S.A.

4. FEI Number 65-0942048	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

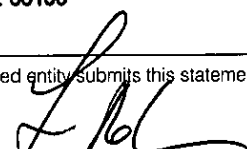
6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A
9350 SOUTH DIXIE HWY.
PH 2
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **ROTH, LEONARDO A, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
3440 Hollywood Blvd, Suite 360
City **Hollywood** FL Zip Code **33021**

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  **LEONARDO A. ROTH, ESQ** DATE **4-27-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PVST SORIANO, JOSE LOUIS		STREET ADDRESS	7301 SW 174 STREET	
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D SORIANO, JOSE LUIS		STREET ADDRESS		
CITY-ST-ZIP	7301 SW 174 STREET		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **SORIANO, JOSE LUIS** DATE **4-27-01** DAYTIME PHONE # **954-322-4280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)