B 2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 31, 2000 8:00 am Secretary of State DOCUMENT # P99000075675 GLOBAL OFFICE SOLUTIONS, INC. 08-31-2000 90100 026 ***550.00 Mailing Address Principal Place of Business 2700 NW 112FH AVE. 2700 N.W. 112TH AVE. MIAMI FL 33172 **IJŪŪŪ₩▽**~ -MIAMI FL 33172 10813 NW 29 5T SAME. man, F1 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOR66 Street Address (P.O. Box Number is Not Acceptable) DUDE, JORGE L 2700 N.W. 112TH AVE. MIAMI FL 33172 NW 8. The above named entity submits this statement for the purpose of changing its registered office of red agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE Dube DUDE, JORGE L NAME NAME STREET ADDRESS 2700 N.W. 112TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Change ☐ Addition Delete TITLE TITLE Dube DUDE, JORGE L NAME STREET ADDRESS 2700 N.W. 112TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 BRICENO, Alberto H Change Addition TITLE ☐ Delete TITLE NAME NAME 10813 NW 297 ST MIAMI, FI 33172. 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 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 SIGNING OFFICER OR DIRECTOR