

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083262

1. Entity Name

GLOBAL INVENTIONS INCORPORATED

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90034 021 \*\*\*150.00

Principal Place of Business

3740 N.W. 4TH STREET  
FT. LAUDERDALE FL 33311

Mailing Address

3740 N.W. 4TH STREET  
FT. LAUDERDALE FL 33311-8218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0971081

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ANDRE B SR.  
3740 N.W. 4TH STREET  
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name Rivera, Juanita E.  
Street Address (P.O. Box Number is Not Acceptable)  
3740 N.W. 4th Street  
City Ft. Lauderdale FL Zip Code 33311

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

Juanita E. Rivera, President/Director

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Andre B. Rivera Sr.</u>
STREET ADDRESS	<u>3740 N.W. 4th St.</u>
CITY-ST-ZIP	<u>Ft. Lauderdale, FL 33311</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>DYP Juanita E. Rivera</u>
STREET ADDRESS	<u>3740 N.W. 4th St.</u>
CITY-ST-ZIP	<u>Ft. Lauderdale, FL 33311</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Maime Green</u>
STREET ADDRESS	<u>3740 N.W. 4th St.</u>
CITY-ST-ZIP	<u>Ft. Lauderdale, FL 33311</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Avarel Rivera</u>
STREET ADDRESS	<u>3740 N.W. 4th St.</u>
CITY-ST-ZIP	<u>Ft. Lauderdale, FL 33311</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Carol Rivera</u>
STREET ADDRESS	<u>3740 N.W. 4th St.</u>
CITY-ST-ZIP	<u>Ft. Lauderdale, FL 33311</u>
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:

Juanita E. Rivera, President/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-327-8011

CR2E034 (9/99)