## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000085801

1. Entity Name

GLOBAL MLS, INC.



| Principa | Place   | of Busin | es |
|----------|---------|----------|----|
| 0444 197 | 04VI 44 | ID DADE  | 'n |

Mailing Address

8411 W. OAKLAND PARK BLVD., STE. 202 8411 W. OAKLAND PARK BLVD., STE. 202 SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address HILLIBORO BLUD 1701 W 1701 WHILLSBORDBUP Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 103 4. FEI Number City & State City & State Applied For 65-0954004 Deenfraco Beach Deenfield Beaut Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired BROWAIN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEBBINS, KH Street Address (P.O. Box Number is Not Acceptable) 8411 W. OAKLAND PARK BLVD., STE. 202 SUNRISE FL 33351 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIVEE ☐ Delete TITLE Addition GONZALEZ, ARIEL NAME NAME 1701 W HUYBORN ALLY SUITE 103 8411-W: OAKLAND PARK BLVD., STE: 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE-FL-33351-CITY-ST-ZIP Deckfield Bettet & 33442 TITLE TITLE Change ☐ Addition □ Delete NAME STEBBINS, KENNETH H NAME WITHIUSBOW DILL STREET ADDRESS 8411 W OAK LANE PK BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 TITLE Delete TITI F ☐ Change ... Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE: .

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

☐ Change

☐ Addition

☐ Addition

FILED

05-09-2003 90147 010 \*\*\*150.00

May 09, 2003 8:00 am g Secretary of State