

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**  
03-23-2000 90010 027 \*\*\*150.00

<b>DOCUMENT # P99000088948</b>			
1. Entity Name <b>O.B.M. GLOBAL, INC.</b>			
Principal Place of Business <b>283 NORTHWEST 152ND AVENUE PEMBROKE PINES FL 33028</b>		Mailing Address <b>283 NORTHWEST 152ND AVENUE PEMBROKE PINES FL 33028-1812</b>	
2. Principal Place of Business <b>283 NWK WEST 152ND AVE</b>		3. Mailing Address _____	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State <b>Pembroke Pines FL</b>		City & State _____	
Zip <b>33028</b>	Country <b>USA</b>	Zip <b>33028</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name <b>SPIEGEL &amp; UTRERA, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>343 - ALMERIA AVENUE</b> City <b>CORAL GABLES FL</b> Zip Code <b>33134</b>	
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 <b>SAME AS ABOVE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD OSAMOR, HOPE G 283 NORTHWEST 152ND AVENUE PEMBROKE PINES FL 33028</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>HOPE G OSAMOR</b>		Date <b>2/23/00</b> Daytime Phone # <b>305-904-4832</b>	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)