

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-99000090308

1. Entity Name

Globo Red, Inc.

Principal Place of Business

Mailing Address

2400 E. Commercial Blvd.

Same

Suite 610

Ft. Lauderdale, Fl 33308

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

65-0956799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Miguel A. Martin, ESQ

848 Brickell Ave.

Suite 830

Miami, Fl 33131

7. Name and Address of New Registered Agent

Name

Allan Doyle

Street Address (P.O. Box Number is Not Acceptable)

175 Fontainebleau Blvd.

Suite 1-B

City

Miami

FL

Zip Code
33172

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

Signature of the person or persons of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Allan H. Doyle, CPA

4-28-2000

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	Director	<input checked="" type="checkbox"/> Delete
NAME	Guillermo Forrero	
STREET ADDRESS	848 Brickell Ave. Ste 830	
CITY-ST-ZIP	Miami, Fl 33131	
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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guillermo Forero	
STREET ADDRESS	979 N.W. 168th Ave.	
CITY-ST-ZIP	Pembroke Pines, Fl 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo Forero

Date

4-25-2000

Daytime Phone #

954-492-4575

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 007 ***150.00

00052708

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)