

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000111364

1. Entity Name

AMERIGLOBE ENTERPRISES CORP.

B

Principal Place of Business

797 N.E. 33RD STREET  
BOCA RATON FL 33431

Mailing Address

797 N.E. 33RD STREET  
BOCA RATON FL 33431

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

66-0981735

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, HARVEY  
1900 N.W. CORPORATE BLVD.  
SUITE 301 WEST  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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: DIRECTOR  
NAME: KENAL MOTO  
STREET ADDRESS: 797 NE 33RD STREET  
CITY-ST-ZIP: BOCA RATON, FL 33431 ☐ Delete

TITLE: DIRECTOR  
NAME: ENISE MOTO  
STREET ADDRESS: 797 NE 33RD STREET  
CITY-ST-ZIP: BOCA RATON, FL 33431 ☐ Delete

TITLE: PRESIDENT  
NAME: KENAL MOTO  
STREET ADDRESS: 797 NE 33RD STREET  
CITY-ST-ZIP: BOCA RATON, FL 33431 ☐ Delete

TITLE: SECRETARY/TREASURER  
NAME: ENISE MOTO  
STREET ADDRESS: 797 NE 33RD STREET  
CITY-ST-ZIP: BOCA RATON, FL 33431 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2000

Date

(321) 394-0944

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE