2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S37082 DOCUMENT

1. Entity Name

SIGNATURE:

GLOBAL MANAGEMENT VENTURES, INC.



FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90183 036 ***150.00

			<u> </u>	OB WE TE				
Principal Plac	ce of Business	Mailing Address						
	D N.W. 70 ANVENUE P.O. BOX 522451							
MIAMI FL 331	22	MIAMI FL 33152						
								LH 11111 1111 1111
	71 (0)	Tanko isan						
2. Principal Place of Business 3. Mailing Address							., 2.81. 01011 81811 81	
9391 N.W. 13 STREET Suite, Apt. #, etc. Suite, Apt. #, etc.					_			
Suite, Apt. #, etc. Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES		
City & Stat	City & State City & State					FEI Number or 0040000		Applied For
MIAMI	I, FLORIDA					65-0248068		Not Applicable
Zip	Country	Zip	Country		T.	Certificate of Status Desired	\$8.75	Additional
33172	USA					Certificate of Status Desired	Fee Req	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
				Name SAME				
GUEITS, JAIME F JR.CPA				Street Address	(PO B	(P.O. Box Number is Not Acceptable)		
2150 N.W. 70 AVENUE			L.	9391 NW 13 ST				
MIAMI FL								
				City 11		A 1	FL Zip C	Code
				1011	14 1	1/	<u> </u>	3/72
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 agest								
SIGNATURE 4/21/03								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	1LE NOW!!! FEE IS \$150.00					9. Election Campaign Finance	ina C I	E 00 W
Afte				Trust Fund Contribution.		5.00 May Be ded to Fees		
Make Check Payable to Florida Department of State								
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 11
TITLE	PDT	☐ Delete	TITLE	İ			☐ Chan	ge 🔲 Addition
NAME	GUEITS, JAIME F., JR		NAME					
STREET ADDRESS			STREET AL					
CITY-ST-ZIP	_		CITY-ST-	ZIP				
TITLE	D MADINI MADOO	☐ Delete	TITLE				Chan	ge 🔲 Addition
NAME .	MARIN, MARCO		NAME					
STREET ADDRESS	7750 SW 32ND TERRACE			STREET ADDRESS				J
CITY-ST-ZIP	MIAMI FL		CITY-ST-	ZIP				
_TITLE	S	Delete	TITLE				Chang	ge 🔲 Addition
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CITY-ST-ZIP	MIALEAN FL	_	CITY-ST-	ZIF .			687A	
TITLE		☐ Delete	TITLE				Chang	ge 🗌 Addition
NAME STREET ADDRESS	:		NAME	200500				}
CITY-ST-ZIP			STREET AC			•		}
		Пъ		ZA			— — — — — — — — — — — — — — — — — — —	- C Addition
TITLE NAME		☐ Delete	TITLE NAME				Chang	ge
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CITY-ST-ZIP			CITY-ST-					
		□ n-7-1-					☐ Chanc	na 🗆 Addition
TITLE NAME		☐ Delete	TITLE NAME				☐ cuang	e 🗌 Addition
STREET ADDRESS			STREET AD	DDRESS				{
CITY-ST-ZIP	1		CITY-ST-					
	errify that the information supplied with	this filing does not qualify for			Section 1	110 07/31/i) Florida Statutae I furt	har cartify that th	e information
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
or the cor changed,	poration or the receiver or trustee empo or on an attachment with an address a	wered to execute this report yith all other like empowered:	as recoired	by Chapter 60)/, Floric	a Statutes; and that my name app	pears in Block 10	or Block 11 if

Date