2000 UNIFORM BUSINESS REPORT (UBR)

Jan 20, 2000 8:00 am Secretary of State DOCUMENT # \$38885 01-20-2000 90131 026 ***150.00 GLOBAL SPECIALTY TRADING CORPORATION Principal Place of Business Mailing Address 2770 NW 24TH ST 2770 NW 24TH ST P.6864.24.9 MIAMI FL 33142-7006 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0253539 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOBIN, DAVID M. Street Address (P.O. Box Number is Not Acceptable) 4555 ADAMS AVENUE MIAMI BEACH FL 33140 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 SIGNATURE DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. *After MAY 1 000 Fee will be \$550.00 🐃 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE NAME SANDERS, ROBERT M. STREET ADDRESS 2770 NW 24TH ST. CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE ☐ Change ☐ Addition PD Delete TITLE DUENAS, ROBERTO M. NAME NAME STREET ADDRESS STREET ADDRESS 2770 NW 24TH ST. CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME DOBINH, DAVID M. NAME STREET ADDRESS STREET ADDRESS 4555 ADAMS AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL ☐ Change ☐ Addition AS ☐ Delete TITLE GOODIN, MONICA J. NAME NAME STREET ADDRESS STREET ADDRESS 2770 NW 24TH ST. CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL</u> VP Delete TITLE ☐ Change ☐ Addition TITLE WALSKY, ROBERT P NAME STREET ADDRESS STREET ADDRESS 2770 NW 24TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

SIGNATURE:

Roberto M Duenas, President 1/6/00 305-635-7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date