

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90184 036 ***150.00

0186884

DOCUMENT # S96458

1. Entity Name

GLOBAL MANAGEMENT SERVICES, INC.

Principal Place of Business

**240 CRANDON BLVD., SUITE 204
 KEY BISCAYNE FL 33149**

Mailing Address

**240 CRANDON BLVD., SUITE 204
 KEY BISCAYNE FL 33149**

2. Principal Place of Business

8000 SW 68 TR

Suite, Apt. #, etc.

3. Mailing Address

8000 SW 68 TR

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33143

Country

MIAMI-DADE

Zip

33143

Country

MIAMI-DADE

4. FEI Number

65-0305035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SANTAMARIA, CARLOS J.
 240 CRANDON BLVD., SUITE 204
 KEY BISCAYNE FL 33149**

Name

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

199 OCEAN LN DRIVE #408

City

Key BISCAYNE

FL

Zip Code

33149

7. Name and Address of New Registered Agent

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)

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**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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	VD	<input type="checkbox"/> Delete
NAME	SANTAMARIA, CARLOS J	
STREET ADDRESS	240 CRANDON BLVD., SUITE 204	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ-PIRLA, JOSE M	
STREET ADDRESS	240 CRANDON BLVD., SUITE 204	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	JARQUE, FEDERICO	
STREET ADDRESS	240 CRANDON BLVD., SUITE 204	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	199 OCEAN LANE DRIVE #408	
CITY-ST-ZIP	Key BISCAYNE FL 33149	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	199 OCEAN LN DRIVE #408	
CITY-ST-ZIP	Key BISCAYNE FL 33149	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	330 GULF ROAD	
CITY-ST-ZIP	Key BISCAYNE FL 33149	
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

CARLOS J. SANTAMARIA 4/27/01

Date

Daytime Phone #

CR2E034 (10/00)

00052214



DO NOT WRITE IN THIS SPACE