

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90094 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000021251** ✓
1. Entity Name
GLOBAL REALTY INVESTMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10002 PRINCESS PALM AVE		3. Mailing Address P.O. BOX 282	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State RIVERVIEW, FL	
Zip 33619	Country HILLSBOROUGH	Zip 33568	Country HILLSBOROUGH

34559

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3629155		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name: **PEARSON Glenn J.**

Street Address (P.O. Box Number is Not Acceptable)
10002 PRINCESS PALM AVE, Ste 200

City: **TAMPA** State: **FL** Zip Code: **33619**

DO NOT WRITE IN THIS SPACE

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]* **5/28/02**
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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PTC PEARSON, GLENN J. P.O. BOX 282 RIVERVIEW, FL 33568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with an office, like empowered.

SIGNATURE: *[Signature]* **4/25/02 (813) 610-5538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)