

COVER SHEET

P W 0 0 0 0 1 1 7 7

S.E.C. Registration Number

G L O B E T E L E C O M , I N C .

(Company's Full Name)

T H E G L O B E T O W E R

3 2 N D S T R E E T C O R N E R 7 T H

A V E N U E , B O N I F A C I O

G L O B A L C I T Y , T A G U I G

Business Address: No. Street City/Town/Province

MARISALVE CIOCSON-CO

Contact Person

797-4269

Company/Telephone Number

1 2

Month

3 1

Day

23-B

FORM TYPE

0 4

Month

1 8

Day

Secondary License Type, If Applicable

M S R D

Dept. Requiring this Doc.

Amended Articles Number/Section

Total No. of Stockholders

Total Amount of Borrowings

Domestic

Foreign

To be accomplished by SEC Personnel concerned

File Number

LCU

Document I.D.

Cashier

STAMPS

Remarks - pls. use black ink for scanning purposes

COVER SHEET

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 S.E.C. Registration Number

G	L	O	B	E		T	E	L	E	C	O	M	,		I	N	C	.				
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(Company's Full Name)

T	H	E		G	L	O	B	E		T	O	W	E	R								
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A	V	E	N	U	E	,		B	O	N	I	F	A	C	I	O						
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Business Address: No. Street City/Town/Province

M	A	R	I	S	A	L	V	E		C	I	O	C	S	O	N	-	C	O
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Contact Person

7	9	7	-	4	2	6	9
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Company/Telephone Number

1	2
---	---

 Month

3	1
---	---

 Day

23-B

 FORM TYPE

0	4
---	---

 Month

1	8
---	---

 Day

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Secondary License Type, If Applicable

C	G	F	D
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Dept. Requiring this Doc.

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