

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90061 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

00056494

DOCUMENT # P00000081959

1. Entity Name
GLOBAL DISTRIBUTION ENTERPRISE INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
8604 NW 35 STREET

Suite, Apt. #, etc. State, Apt. #, etc.
202

City & State City & State
CORAL SPRING, FL

Zip Country Zip Country
33065 USA

4. FEI Number Applied For
65-1035453

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACINTER CORPORATION
16279 NW 7 STREET
PEMBROKE PINES, FLORIDA 33028

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature (print or typed name of registered agent and this is applicable) (NAME) Registered Agent print or typed name of registered agent

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (SEE 11)	
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME HAROLD ALVAREZ	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8604 NW 35 STREET # 202	CITY-STATE-ZIP CORAL SPRING FL, 33065	NAME	
TITLE VICE - PRESIDENT <input type="checkbox"/> Delete	NAME HECTOR PARDO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8604 NW 35 STREET # 202	CITY-STATE-ZIP CORAL SPRING FL, 33065.	NAME	
TITLE ASSISTANT PRESIDENT <input type="checkbox"/> Delete	NAME MIGUEL ANGEL PINZON	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8604 NW 35 STREET # 202	CITY-STATE-ZIP CORAL SPRING FL, 33065	NAME	
TITLE TR <input type="checkbox"/> Delete	NAME MIGUELA CURCI	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15279 NW 7 STREET	CITY-STATE-ZIP PEMBROKE PINES, FL 33028	NAME	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 by the entity that I am representing.

Miguel A. Curci
MIGUEL A CURCI 04-30-01 914-731-7849