

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90351 006 ***150.00

DOCUMENT # F98000002387

1. Entity Name

GLOBAL DISTRIBUTORS, INC. OF MASSACHUSETTS

Principal Place of Business

820 N. 8TH ST., STE. #4
LANTANA FL 33462

Mailing Address

820 N. 8TH ST., STE. #4
LANTANA FL 33462

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ZETLAN, ANITA
359 E. OCEAN AVE.
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name Zetlan, Anita
Street Address (P.O. Box Number is Not Acceptable)
1111 S. Military Trail, #1411
Boynton Beach
City Boynton Beach FL Zip Code 33436

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 Anita Zetlan Anita Zetlan
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)

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 | P | <input type="checkbox"/> Delete |
| NAME | ZETLAN, ARTHUR P | |
| STREET ADDRESS | 359 E. OCEAN AVE. | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | ZETLAN, SCOTT A | |
| STREET ADDRESS | 618 BUTTONWOOD LN. | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ZETLAN, ANITA | |
| STREET ADDRESS | 359 E. OCEAN AVE. | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Zetlan, Arthur P | |
| STREET ADDRESS | 1111 S. Military Trail, #1411 | |
| CITY-ST-ZIP | Boynton Beach, FL 33436 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Zetlan, Anita | |
| STREET ADDRESS | 1111 S. Military Trail, #1411 | |
| CITY-ST-ZIP | Boynton Beach, FL 33436 | |
| 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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-752-

CR2E034 (10/00)