

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05109

1. Entity Name

GLOBAL DUTY FREE SUPPLY, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90007 025 \*\*\*150.00

Principal Place of Business	Mailing Address
109 LAFAYETTE DRIVE SYOSSET NY 11791 US	109 LAFAYETTE DRIVE SYOSSET NY 11791-3933 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2702686	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOWENSTEIN, HENRY C/O SOUTH BEACH TAX FREE SMOPS 1475 COLLINS AVENUE, APARTMENT 101 MIAMI BEACH FL 33139	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMES, MARK D.	NAME	
STREET ADDRESS	109 LAFAYETTE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY	CITY-ST-ZIP	
TITLE	CFO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMOSO, CHARLES	NAME	
STREET ADDRESS	109 LAFAYETTE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMES, ROBERT	NAME	
STREET ADDRESS	109 LAFAYETTE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 (516) 921-1112  
Date Daytime Phone #

CR2E034 (9/99)