2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State **DOCUMENT # J05109** 1. Entity Name GLOBAL DUTY FREE SUPPLY, INC. 05-16-2001 90235 007 ***150.00 Principal Place of Business Mailing Address 109 LAFAYETTE DRIVE 109 LAFAYETTE DRIVE SYOSSET NY 11791 SYOSSET NY 11791 US 3. Mailing Address 35 ENGLL STREET 2. Principal Place of Business 35 ENGEL Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2702686 HICKSVILLE HICKSVILLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --UMM.NOS LOWENSTEIN, HENRY Street Address (P.O. Box Number is Not Acceptable) C/O SOUTH BEACH TAX FREE SMOPS 1475 COLLINS AVENUE, APARTMENT 101 MIAMI BEACH FL 33139 Zip Code 3 3 / 3 / 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE TITLE □ Delete CRAMES, MARK D. NAME NAME 35 ENGEL STREET STREET ADDRESS STREET ADDRESS 109 LAFAYETTE DRIVE HICKSVILLE NY 11801 CITY-ST-ZIP SYOSSET NY CITY-ST-ZIP CF₀ ☐ Change ☐ Addition TITLE ☐ Delete TITLE FAMOSO, CHARLES NAME NAME 35 ENGEL STREET HICKSVILL NY 109 LAFAYETTE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SYOSSET NY 11801 ☐ Delete CRAMES, ROBERT 35 ENGEL STREET STREET ADDRESS 109 LAFAYETTE DRIVE STREET ADDRESS 11801 CITY-ST-ZIP SYOSSET NY CITY-ST-ZIP HICKSVILL ☐ Delete TITLE ☐ 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

☐ Change

☐ Change

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■ Addition