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**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000000546

1. Entity Name
GLOBAL TRADE DISTRIBUTOR, LLC



44003287

Principal Place of Business 601 BRICKELL KEY SUITE 705 MIAMI, FL 33131	Mailing Address 601 BRICKELL KEY SUITE 705 MIAMI, FL 33131
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2. Principal Place of Business 1000 Brickell Ave	3. Mailing Address 1000 Brickell Ave
Suite, Apt. #, etc. 900	Suite, Apt. #, etc. 900



CHECK HERE IF MAKING CHANGES

City & State Miami, FL	City & State Miami, FL	4. FEL Number 65-1068466	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country US	Zip 33131	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

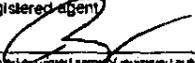
6. Name and Address of Current Registered Agent

DE LA PENA & BAJANDAS, LLP
 601 BRICKELL KEY
 SUITE 705
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **Ricardo Bajandas, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1000 Brickell Ave, suite 900
 City **Miami** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE  **Ricardo Bajandas** DATE **4/30/03**

Signature, title, and printed name of registered agent and UBR if applicable. (NOTE: Registered Agent's signature required when instituting)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By: May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BAJANDAS, RICARDO	601 BRICKELL KEY	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3	Ricardo Bajandas	1000 Brickell Ave, suite 900	Miami, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:  **Ricardo Bajandas, Secretary** DATE **4/30/03** PHONE **305-377-0809**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date. Daytime Phone #

CFR2003 (10/02)