FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90889 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012097

1. Entity Name
GBTDM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
712 U.S. Highway One	712 U.S. Highway One
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: North Palm Beach, FL	City & State: North Palm Beach, FL
Zip: 33408 Country: US	Zip: 33408 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0998927 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	FRED C. COHEN
STREET ADDRESS	712 U.S. Highway One, Ste 400
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	VP
NAME	GREGORY R. COHEN
STREET ADDRESS	712 U.S. Highway One, Ste 400
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	ST
NAME	BRYAN COHEN
STREET ADDRESS	712 U.S. Highway One, Ste 400
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Fred C. Cohen 4/29/02 561/844-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #