

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90125 005 ***150.00

DOCUMENT # P000Q0039442

1. Entity Name

GLOBAL DUTY FREE NETWORK, INC

Principal Place of Business

**2315 NW 107TH AVENUE
 B17
 MEDLEY FL 33166**

Mailing Address

**2315 NW 107TH AVENUE
 BOX 111
 MEDLEY FL 33166**

2. Principal Place of Business

19495 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

Aventura, FL

Zip

33180

Country

3. Mailing Address

19495 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

Aventura, FL

Zip

33180

Country

4. FEI Number

65-1002055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TANEY, DAVID J

**8055 NW 77TH COURT SUITE 3
 MEDLEY FL 33166**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

19495 Biscayne Blvd.

Suite 300

City

Aventura

FL

Zip Code
33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02

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, 2002 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 NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	FALIC, SIMON	
CITY-ST-ZIP	2315 NW 107TH AVE BOX 111 MIAMI FL 33172	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	19495 Biscayne Blvd., Suite 300	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE NAME	D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	FALIC, JEROME	
CITY-ST-ZIP	19495 Biscayne Blvd., Suite 300	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE NAME	D/P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	FALIC, LEON	
CITY-ST-ZIP	19495 Biscayne Blvd., Suite 300	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (305) 466-7320

Date

Daytime Phone #

CR2E034 (9/01)