

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087945

1. Entity Name  
GLOBAL DISTRIBUTION SOLUTIONS, INC.

AMENDED

FILED

02 MAY -6 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5300 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131-2339

Mailing Address

5300 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131-2339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 N. MILITARY TRAIL  
SUITE 410  
BOCA RATON, FL.  
33431

3. Mailing Address

2700 N. MILITARY TRAIL  
SUITE 410  
BOCA RATON, FL.  
33431

4. FEI Number

65-1140315

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FLETCHER, JOHN S  
5300 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131-2339

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODIE, DON 1801 CLINT MOORE ROAD, SUITE 104 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, ANDREW 1801 CLINT MOORE ROAD, SUITE 104 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGUI, FRANK 1801 CLINT MOORE ROAD, SUITE 104 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 SE 5 AVE. N-1003 BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4949 NW 23 CT. BOCA RATON FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6834 WEDGEWOOD VILLAGE CT. LAKE WORTH FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300005555733--1 -05/16/02--01078--001 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information path, that I am an officer or director as appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW SCHWARTZ

4/23/02

(561) 999-0200

CR2F034 (0/0/01)