

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023375

1. Entity Name

GLOBAL ENTERTAINMENT DISTRIBUTION INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90146 020 \*\*\*550.00

Principal Place of Business Mailing Address  
C/O ARAZOZA, COMAS DE TORRES & FERNANDEZ C/O ARAZOZA, COMAS DE TORRES & FERNANDEZ  
101 MADEIRA AVENUE 101 MADEIRA AVENUE  
CORAL GABLES FL 33134 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0774422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES FL 33134

Name

ARAZOZA & FERNANDEZ-FRAGA P.A.

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

2100 SALZEDO STREET, SUITE 300

City

CORAL GABLES,

FL

Zip Code

33134

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME CARRERA, PEDRO  
STREET ADDRESS 2100 SALZEDO STREET., STE 300  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MORASSO, MARIA E  
STREET ADDRESS DOLORRES A PUENTE SOUBLETTE, EDIF CENTRO EMPRESARIALESUR-4 PI  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WEINER, TIMOTHY  
STREET ADDRESS CALLE MILAN, EDIFICIO OMNIVISION  
CITY-ST-ZIP LOS RUCES SUR CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME DE CASTRO, RODRIGO  
STREET ADDRESS 2100 SALZEDO STREET., STE 300  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)