

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90269 043 ***150.00

DOCUMENT # P97000048480

1. Entity Name
G.B.W. DISTRIBUTORS, INC.



Principal Place of Business
**1816 S.E. 23RD AVENUE
FORT LAUDERDALE FL 33316**

Mailing Address
**1816 S.E. 23RD AVENUE
FORT LAUDERDALE FL 33316**

2. Principal Place of Business
2278 NW 82 Ave.
Suite, Apt. #, etc.

3. Mailing Address
2278 NW 82 Ave
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-0758556**

Applied For
Not Applicable

Zip
33122

Country

Zip
33122

Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DE LAMARE, ROLANDO
1816 S.E. 23RD AVENUE
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2278 NW 82 Avenue
City **Miami** : **FL** Zip Code **33122**

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-21-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LAMARE, ROLANDO 1816 S.E. 23RD AVENUE FORT LAUDERDALE FL 33316	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARROS, FERNANDO G 1816 S.E. 23RD AVENUE FORT LAUDERDALE FL 33316	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAGE, MARCIA 1816 S.E. 23RD AVENUE FORT LAUDERDALE FL 33316	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2278 NW 82 Avenue Miami FL 33122
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03

Date

Daytime Phone #

CR2E034 (10/02)

0347268 AV