

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90021 019 ***150.00

DOCUMENT # P98000005606

1. Entity Name

GDS TRADING COMPANY

Principal Place of Business

**100 SOUTH PINE ISLAND ROAD
 SUITE #202
 PLANTATION FL 33324**

Mailing Address

**100 SOUTH PINE ISLAND ROAD
 SUITE #202
 PLANTATION FL 33324**

2. Principal Place of Business

7901 SW 6TH COURT

3. Mailing Address

7901 SW 6TH COURT

Suite, Apt. #, etc.

SUITE #110

Suite, Apt. #, etc.

SUITE #110

City & State

PLANTATION, FLORIDA

City & State

PLANTATION, FL

4. FEI Number

65-0804550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SLOTKIN, DAVID R
 100 SOUTH PINE ISLAND ROAD
 SUITE #202
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **SLOTKIN, DAVID ROBERT**

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

7901 SW 6TH COURT; SUITE #110

City **PLANTATION**

FL

Zip Code **33324**

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

TITLE **P** ☐ Delete
 NAME **SLOTKIN, FATIMA**
 STREET ADDRESS **100 SOUTH PINE ISLAND ROAD, SUITE #202**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **TSD** ☐ Delete
 NAME **SLOTKIN, DAVID R**
 STREET ADDRESS **100 SOUTH PINE ISLAND ROAD, SUITE #202**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7901 SW 6TH COURT; SUITE #110**
 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **PTSD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7901 SW 6TH COURT; SUITE #110**
 CITY-ST-ZIP **PLANTATION, FL 33324**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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

Date

Daytime Phone #

4/15/02

954-382-9460

CR2E034 (9/01)