

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/23/00-90011-002-\$150.00-\$150.00

DOCUMENT # P99000041160

1. Entity Name

GD INTERNATIONAL CORP.

FILED

00 MAR -9 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4081 N FEDERAL HWY #10  
POMPANO BEACH FL 33064

Mailing Address

4081 N FEDERAL HWY #10  
POMPANO BEACH FL 33064-6096

2. Principal Place of Business

1440 N. Federal Hwy  
Suite, Apt. #, etc.

3. Mailing Address

1440 N. Federal Hwy  
Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip  
33062

Country  
USA

Zip  
33062

Country  
USA

4. FEI Number

65-0925123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCUTILLO, BARRY C  
8000 N. UNIVERSITY DRIVE  
FORT LAUDERDALE FL 33321

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 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          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PRESIDENT  |
| STREET ADDRESS | GLAUCO DUARTE  |
| CITY-ST-ZIP    | 1440 N. Fed'l Hwy #10<br>Pompano Beach FL 33062                              |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | VICE PRES/TREAS  |
| STREET ADDRESS | ALEXANDRE AGUILAR  |
| CITY-ST-ZIP    | 1440 N. Fed'l Hwy #10<br>Pompano Beach FL 33062                              |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SECY   |
| STREET ADDRESS | VANDA GONES  |
| CITY-ST-ZIP    | 1440 N. Fed'l Hwy #10<br>Pompano Beach FL 33062                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2000 (954) 784-8414

CR2E034 (9/99)