

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91071 015 ***150.00

DOCUMENT # *P990000 4/160*

1. Entity Name

GD International Corporation OLD NAME
GEDEX INT'L CORP. 5/12/03

DO NOT WRITE IN THIS SPACE

94083104

2. Principal Place of Business

1440 N. Federal Highway

Suite, Apt. #, etc.

3. Mailing Address

1440 N. Federal Highway

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, Florida

City & State

Pompano Beach, Florida

4. FEI Number

650925123

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

33062

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Alexandre Aguilár*

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

1440 N. Federal Highway

City *Pompano Beach*

FL

Zip Code

33062

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PD*
NAME *Glaucio Diniz Duarte*
STREET ADDRESS *1440 N. Federal Hwy.*
CITY - ST - ZIP *Pompano Beach, Florida 33062*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE *VPD*
NAME *Alexandre Aguilár*
STREET ADDRESS *1440 N. Federal Hwy.*
CITY - ST - ZIP *Pompano Beach, Florida 33062*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

FLAVIA AGUILAR

*POWER OF ATTORNEY for
Alexandre Aguilár*

SIGNATURE:

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

04-27-04

Date:

954-559-3572

Daytime Phone #

CR2E034B (12/01)