

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093056

1. Entity Name

GLOBAL TOBACCO DISTRIBUTORS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90119 025 \*\*\*150.00

Principal Place of Business

1001 US HWY ONE, SUITE 409  
JUPITER FL 33477

Mailing Address

1001 US HWY ONE, SUITE 409  
JUPITER FL 33477-4406

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

65-0952 603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FIGUEREDO, LUIS  
3225 AVIATION AVE, THIRD FLOOR  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Thomas G Bongard  
Street Address (P.O. Box Number is Not Acceptable) 1001 N US Hwy One #409  
City Jupiter FL Zip Code 33477

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

Thomas G. Bongard

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	D	<input type="checkbox"/> Delete
NAME	BONGARD, THOMAS	
STREET ADDRESS	1001 US HWY ONE, SUITE 409	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	<del>Barbara</del>	<input type="checkbox"/> Delete
NAME	<del>Barbara</del>	
STREET ADDRESS	<del>Barbara</del>	
CITY-ST-ZIP	<del>Barbara</del>	
TITLE	VP-Sec	<input type="checkbox"/> Delete
NAME	Bongard, Barbara J	
STREET ADDRESS	1001 N. US Hwy One #409	
CITY-ST-ZIP	Jupiter, FL 33477	
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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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:

Barbara J Bongard VP-Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00 561-575-3500

CR2E034 (9/99)