

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90049 050 ***150.00

0594707 AT

DOCUMENT # P94000084967

1. Entity Name
GENERAL BRANDS INTERNATIONAL CORP.

Principal Place of Business P.O. BOX 310215 MIAMI FL 33231 US	Mailing Address P.O. BOX 310215 MIAMI FL 33231 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0536782		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	TOMASINO, FRANK M 540 BRICKELL KEY DRIVE APT 517 MIAMI FL 33131			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TOMASINO, FRANK M 540 BRICKELL KEY DRIVE APT 517 MIAMI FL 33131				Name FRANK TOMASINO Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL AVENUE SUITE 1100 City MIAMI FL Zip Code 33131			

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 *Frank Tomasio* DATE **1-19-2002**

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD TOMASINO, FRANK	<input checked="" type="checkbox"/> Delete	TITLE NAME PD FRANK TOMASINO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 540 BRICKELL KEY DRIVE, SUITE 517		STREET ADDRESS 1111 BRICKELL AVENUE, SUITE 1100	
CITY-ST-ZIP MIAMI FL 33131		CITY-ST-ZIP MIAMI, FL 33131	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Frank Tomasio* DATE **1-19-2002** (305) 804-9520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)