**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 04, 2002 8:00 am 276882 Secretary of State DOCUMENT # 1. Entity Name 02-04-2002 90248 022 \*\*\*150 00 ABC DISTRIBUTING, INC. Principal Place of Business Mailing Address 14445 NE 20 LANE 14445 NE 20 LANE NO MIAMI FL 33181 NO MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1027564 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEIBOWITZ, MARVIN Street Address (P.O. Box Number is Not Acceptable) 14445 NE 20TH LANE NORTH MIAMI FL 33181 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 LEIBOWITZ, LAWRENCE NAME NAME 11410 N.BAYSHORE DR. STREET ADDRESS STREET ADDRESS N.MIAMI FL CITY-ST-ZIP CITY-ST-ZIP PD TITLE Delete TITLE ☐ Change ☐ Addition LEIBOWITZ, MARVIN NAME NAME 11410 N BAYSHORE DR STREET ADDRESS STREET ADDRESS N MIAMI FL CITY-ST-ZIP CITY-ST-ZIP SD--- ----☐ Addition TITLE -- -- Delete TITLE ---☐ · Change · NAME NUNEZ, MIKE NAME STREET ADDRESS 1408 WESTLAKE DR STREET ADDRESS FT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREFT ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all