

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90096 036 ***150.00

0096157 AV

DOCUMENT # K55587

1. Entity Name
TR WHOLESALE DISTRIBUTORS, INC.



Principal Place of Business
**7228 N.W. 79TH TER.
MEDLEY FL 33166**

Mailing Address
**7228 N.W. 79TH TER.
MEDLEY FL 33166**



2. Principal Place of Business
4801 NW 77th Ave.

3. Mailing Address
4801 NW 77th Ave.

CHECK HERE IF MAKING CHANGES

City & State
Miami FL.

City & State
Miami, FL.

4. FEI Number **65-0094269** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RIVERA, JUAN
7228 NW 79TH TERRACE
MEDLEY FL 33166**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4801 NW 77th Ave.
City **Miami** FL Zip Code **33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERA, JUAN 920 NW 199TH TERRACE PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIVERA, NINFA 920 NW 199TH TERRACE PEMBROKE PINES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **JUAN A RIVERA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment #

Passariello & Staiano

1011 0461

CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

July 23, 2003

Uniform Business Report
Division of Corporations
P.O. 1500
Tallahassee, Fl. 32302-1500

RE: Taxpayer's Name: TR Wholesale Distributors, Inc.
Document Number: K55587
Tax Form: Uniform Business Report
Tax Period: 2003

Gentlemen:

We are writing as the accountants for the above referenced taxpayer.

Enclosed please find the 20032 Uniform Business Report for the above referenced taxpayer with a check in the amount of \$150.00. The taxpayer had not received the original Uniform Business Report, which was due and payable May 1, 2003. The taxpayer moved and for some reason the original report was not forwarded to their new address. Please accept their fee in the amount of \$ 150.00 as they had always filed and paid this return timely in the past and this was an unusual and unforeseen occurrence.

If you have any questions, please feel free to call us between the hours of 9 A.M. and 5 P.M. Monday thru Friday at (954) 776-1444.

Sincerely,
PASSARIELLO & STAIANO, C.P.A.

Catherine Lysak

Catherine Lysak, C.P.A.
For the Firm

Encl