

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90042 012 ***150.00

DOCUMENT # P00000092402

1. Entity Name
W W DISTRIBUTORS, INC.

Principal Place of Business 5900 NW 186 STREET, SUITE 206 HIALEAH FL 33015	Mailing Address 5900 NW 186 STREET, SUITE 206 HIALEAH FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 60 E. OAKLAND PARK BLVD Suite, Apt. #, etc. WILTON MANORS City & State FLORIDA Zip 33334 Country USA	3. Mailing Address #206 5900 NW 186 ST. Suite, Apt. #, etc. HIALEAH City & State FLORIDA Zip 33015 Country USA
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4. FEI Number 65-1052210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired N/A	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, WINSTON G
5900 NW 186 STREET, SUITE 206
HIALEAH FL 33015

7. Name and Address of New Registered Agent
 Name: **N/A**
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: N/A (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, 2001 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 N/A
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input type="checkbox"/> Delete	TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILLIAMS, WINSTON G		NAME: WINSTON G WILLIAMS	
STREET ADDRESS: 5900 NW 186 STREET, SUITE 206		STREET ADDRESS: 5900 NW 186 STREET SUITE 206	
CITY-ST-ZIP: HIALEAH FL 33015		CITY-ST-ZIP: HIALEAH 33015	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DASILVA, BUELAH		NAME:	
STREET ADDRESS: 5900 NW 186 STREET, SUITE 206		STREET ADDRESS:	
CITY-ST-ZIP: HIALEAH FL 33015		CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DIAH, DEANA		NAME:	
STREET ADDRESS: 5900 NW 186 STREET, SUITE 206		STREET ADDRESS:	
CITY-ST-ZIP: HIALEAH FL 33015		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILLIAMS, WINSTON B		NAME:	
STREET ADDRESS: 5900 NW 186 STREET, SUITE 206		STREET ADDRESS:	
CITY-ST-ZIP: HIALEAH FL 33015		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
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: [Signature] **4-26-2001** (305) **790 4057**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)