

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90121 024 \*\*\*150.00

DOCUMENT # P01000025475

1. Entity Name

PEMA DISTRIBUTORS, INC.

Principal Place of Business

346 KENDALL DR.  
MARCO ISLAND FL 34145

Mailing Address

346 KENDALL DR.  
MARCO ISLAND FL 34145

2. Principal Place of Business

3048 ORANGE STREET

3. Mailing Address

3048 ORANGE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI, FLORIDA

City &amp; State

MIAMI, FLORIDA

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-1107451

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SCHENK, MAXIMILIAN J  
346 KENDALL DR.  
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name STEPHAN W. SCHENK

Street Address (P.O. Box Number is Not Acceptable)

3048 ORANGE STREET

City MIAMI

FL

Zip Code

33133

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

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, 2002 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 P ☐ Delete  
 NAME LEUPOLDT, HANS  
 STREET ADDRESS 346 KENDALL DR.  
 CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE V ☐ Delete  
 NAME LEUPOLDT, LAURA KAINZ- DR  
 STREET ADDRESS 346 KENDALL DR.  
 CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE S ☐ Delete  
 NAME SCHENK, MAXIMILIAN J  
 STREET ADDRESS 346 KENDALL DR.  
 CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME LEUPOLDT, FRANZ  
 STREET ADDRESS 3048 ORANGE STREET  
 CITY-ST-ZIP MIAMI, FL 33133

TITLE ☒ Change ☐ Addition  
 NAME LEUPOLDT, DR. LAURA KRAINZ-  
 STREET ADDRESS 3048 ORANGE STREET  
 CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME GENERAL MANAGER  
 STREET ADDRESS STEPHAN W. SCHENK  
 CITY-ST-ZIP 3048 ORANGE STREET  
 MIAMI, FL 33133

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHAN SCHENK 04/04/02 305-648-3319

Date

Daytime Phone #

CR2E034 (9/01)