

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90247 014 \*\*\*158.75

**DOCUMENT # P02000090362**

1. Entity Name  
**CBM WHOLESALE DISTRIBUTORS, INC.**



Principal Place of Business  
3769 N.E. SKYLINE DRIVE  
JENSEN BEACH, FL 34957

Mailing Address  
3769 N.E. SKYLINE DRIVE  
JENSEN BEACH, FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number

**45-0485581**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CILURSO, MICHAEL**  
3769 N.E. SKYLINE DRIVE  
JENSEN BEACH, FL 34967

7. Name and Address of New Registered Agent

Name **ROBERT Kleinrichert**

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

**6301 NW 73<sup>rd</sup> Ave**

City **TAMARAC**

**FL**

Zip Code **33321**

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

*Robert Kleinrichert*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's signature required when appointing)

**2/16/03**

DATE

FILE NOW WITH FEE IS \$150.00  
After May 1, 2003 Fee will be \$650.00  
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	<input type="checkbox"/> Delete
T	CILURSO, MICHAEL	3769 NE SKYLINE DRIVE	JENSEN BEACH, FL 34967	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT - Secretary	Robert Kleinrichert	6301 NW 73 <sup>rd</sup> Ave.	TAMARAC - FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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:

*Mike Cilurso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/03**

DATE

**772-334 1777**

DAYTIME PHONE #

CFR034 (10/02)