

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91041 041 ***158.75

0234898 AV

DOCUMENT # P93000042558



1. Entity Name
ADVANTAGE INTERNATIONAL DISTRIBUTORS, INC.

Principal Place of Business
**4100 N.E. 2ND AVENUE
SUITE 320
MIAMI FL 33137**

Mailing Address
**4100 N.E. 2ND AVENUE
SUITE 320
MIAMI FL 33137**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0422360**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAZALET, JEAN
4100 N.E. 2ND AVENUE, #320
MIAMI FL 33137**

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	CAZALET, JEAN
STREET ADDRESS	4100 N.E. 2ND AVENUE, #320
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> Delete
NAME	HELFRICH, JOSEPH
STREET ADDRESS	4100 2ND AVE #320
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ZWINGER, LAURENCE
STREET ADDRESS	4100 NE 2ND AVE #320
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> Delete
NAME	JEAN, CHANEL PAUL
STREET ADDRESS	4100 NE 2ND #320
CITY-ST-ZIP	MIAMI FL 33137
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Jean Cazalet** 4-15-03 305-593-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)