

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90204 002 ***150.00

DOCUMENT # P99000071209

1. Entity Name
BSD DISTRIBUTORS, INC.



Principal Place of Business
**20355 N.E. 34TH COURT.. #729
AVENTURA FL 33180**

Mailing Address
**20355 N.E. 34TH COURT.. #729
AVENTURA FL 33180**



2. Principal Place of Business
21394 MARINA COVE CIRCLE

Suite, Apt. #, etc.
15-H

City & State
AVENTURA FLORIDA

Zip Country
33180 U.S.A.

3. Mailing Address
21394 MARINA COVE CIRCLE

Suite, Apt. #, etc.
15-H

City & State
AVENTURA FLORIDA

Zip Country
33180 U.S.A.

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0939973**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ICHILEVICI, BENY
20355 N.E. 34TH COURT., #729
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **ICHILEVICI, BENY.**
Street Address (P.O. Box Number is Not Acceptable)
21394 MARINA COVE CIRCLE #15H
City **AVENTURA** FL Zip Code **33180**

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 *[Signature]*; **BENY ICHILEVICI PSTD** **01/14/03**
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ICHILEVICI, BENY 20355 NE 34 COURT #729 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ICHILEVICI, ILAN 20355 NE 34 COURT #729 MIAMI FL 33180	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ICHILEVICI, BENY 21394 MARINA COVE CIRCLE #15H AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ICHILEVICI, ILAN 21394 MARINA COVE CIRCLE #15H AVENTURA FL 33180	<input checked="" 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
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]*; **BENY ICHILEVICI** **01/14/03** **786-306-9950**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)