

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 276882**

Entity Name

ABC DISTRIBUTING, INC.**FILED****Apr 28, 2000 8:00 am**
Secretary of State

04-28-2000 90084 003 ***150.00

Principal Place of Business

Mailing Address

NE 20 LANE
MIAMI FL 33181**14445 NE 20 LANE**
NO MIAMI FL 33181-1411

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1027564**

Applied For

Not Applicable

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****LEIBOWITZ, MARVIN**
14445 NE 20TH LANE
NORTH MIAMI FL 33181

Name

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

City

FL

Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, LAWRENCE	NAME	
STREET ADDRESS	11410 N.BAYSHORE DR.	STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, MARVIN	NAME	
STREET ADDRESS	11410 N BAYSHORE DR	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, MIKE	NAME	
STREET ADDRESS	1408 WESTLAKE DR	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			

3. 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

Date

Daytime Phone #

C.R. E034 (9/99)