

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637366

1. Entity Name

BI-MEGA DISTRIBUTING CO., INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90092 037 ***150.00

Principal Place of Business

10621 NE 53 STREET
SUNRISE FL 33351
US

Mailing Address

10621 NW 53 STREET
SUNRISE FL 33414-8739
US

2. Principal Place of Business

11420 FORTUNE CIRCLE

Suite Apt. #, etc.

I-25

City & State

WELLINGTON, FL

Zip
33414

Country
US

3. Mailing Address

11420 FORTUNE CIRCLE

Suite Apt. #, etc.

I-25

City & State

WELLINGTON, FL

Zip
33414

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1939311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZATORSKY, WILLIAM A.
6523 SW 10 COURT
N LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

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.

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P ZATORSKY, WILLIAM 6523 SW 10TH COURT N LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZATORSKY, ELEANOR M. 6523 SW 10TH CT. N. LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

✓ 2/7/00

✓ 561-333-1974

CR2E034 (9/99)