

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A26722

1. Entity Name
SILVER EAGLE DISTRIBUTORS LTD.

Principal Place of Business: **1000 PARK OF COMMERCE BLVD. HOMESTEAD FL 33035**
Mailing Address: **1000 PARK OF COMMERCE BLVD. HOMESTEAD FL 33035-1201**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0064127	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
VAZQUEZ-BELLO, CLEMENTE L, ESQ. VALDES-FAULI, COBB & PETREY, P.A. #3400, ONE BISCAYNE TWR, 2 S. BISCAYNE BLV MIAMI FL 33131			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: \$5,860,000.00	10. Amount of Capital Contributions in FLORIDA to date: _____	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # - NAME	P95000018019 - RFO, INC.	STREET ADDRESS	
STREET ADDRESS	7409 S.W. 168 TERRACE	CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL 33157		
DOCUMENT # - NAME	P99000018628 - CHACE, INC.	STREET ADDRESS	
STREET ADDRESS	1000 PARK OF COMMERCE BLVD.	CITY - ST - ZIP	
CITY - ST - ZIP	HOMESTEAD FL 33035		
DOCUMENT # - NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT # - NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT # - NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date: 04/21/00 Daytime Phone #: _____

CR: 03 (9/99)