

2001 UNIFORM BUSINESS REPORT (UBR)

0003604
AF

DOCUMENT # **A26722**
1. Entity Name
SILVER EAGLE DISTRIBUTORS LTD.

FILED

01 APR 23 PM 12:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0064127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
VAZQUEZ-BELLO, CLEMENTE L, ESQ.
VALDES-FAULI, COBB & PETREY, P.A.
#3400, ONE BISCAYNE TWR, 2 S. BISCAYNE BLV
MIAMI FL 33131

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 _____ (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	
DOCUMENT #	P95000018019
NAME	RFO, INC.
STREET ADDRESS	7409 S.W. 168 TERRACE
CITY-ST-ZIP	MIAMI FL 33157
DOCUMENT #	P99000018628
NAME	CHACE, INC.
STREET ADDRESS	1000 PARK OF COMMERCE BLVD.
CITY-ST-ZIP	HOMESTEAD FL 33035
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	500004162235--3
STREET ADDRESS	-05/08/01--01077--005
CITY-ST-ZIP	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (11/00)