

2002-UNIFORM BUSINESS REPORT (UBR)

0009215 AT

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

FILED
 -SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

02 MAR 29



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

DUE BY MAY 1, 2002

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

Handwritten: **FAL**
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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]* **Ramon F. DYARZUN** 3/21/02 301-230-2337

STAPLE CHECK HERE

CR2E003 (9/01)