

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L00000000792

1. Entity Name

NORTEX DISTRIBUTION, LC

01 JUN 27 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1897 PALM BEACH LAKES BLVD
SUITE 226
WEST PALM BEACH, FL 33409

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

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

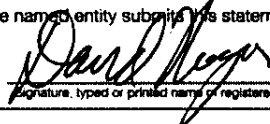
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET, #200
MIAMI BEACH, FL 33139Name
WARNER & ASSOCIATES, CPA, PA
Street Address (P.O. Box Number is Not Acceptable)
1897 Palm Beach Lakes Blvd, Ste. 226
City
West Palm Beach FL Zip Code
33409

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

6/21/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME MGR
STREET ADDRESS Scrump, Michael
CITY-ST-ZIP P.O. Box 31965
Palm Beach, FL 33410 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TOM LOGAR - ADHINKSTATCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)