

7/21/2002-90015

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000011321**

1. Entity Name

SARI DISTRIBUTING, LLC**FILED**
Jul 30, 2002 8:00 am
Secretary of State

07-21-2002 90015 031 ****55.00

Principal Place of Business

3318 GRIFFIN RD
FT LAUDERDALE FL 33312

Mailing Address

3318 GRIFFIN RD
FT LAUDERDALE FL 33312

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

651131539

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BASS, MICHAEL R ESO
600 S ANDREWS AVE
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

BERNARD RIVKIN

Street Address (P.O. Box Number is Not Acceptable)

5940 SW 19TH ST

City

PLANTATION

FL

Zip Code

33317

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BERNARD RIVKIN

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

(NOTE: Registered Agent signature required when reinstating)

7/15/02
DATE**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER BERNARD RIVKIN 5940 SW 19TH ST PLANTATION FL 33317	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

BERNARD RIVKIN

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

7/15/02
Date**(954)
964-2303**
Daytime Phone #

CR2E083 (4/02)