2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011321

1. Entity Name

SARI DISTRIBUTING, LLC



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90315 005 ****55.00

Signature. Typed or printed name of ingolatered agent and tile of lapplicability. (NOTE: Registered Agent signature recipited when mentatating) (ADE: ADDITIONS/CHANGES Plant 1, 2003) 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES ADDITIO					1	 i					
FT LAUDEROALE PL 33012 2. Principal Pooc of Business Suite. April 4. etc. Suite. April 5. etc. Suite. April 4. etc. Suite. April 5. Name and Address of New Registered Apent Rivin, BERNARD Sopol Swi 1971 ST PLANTATION FL 33317 City FL Zo Conce Suite. Address (PO. Box Number is Not Acceptable) City FL Zo Conce City FL	Principal Place	e of Business	Mailing Address						.		
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Zip Country Zip Country 5. Certificate of Status Desired \$4. \$5.00 Additionary resources again. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address Name Agent 7. Name and Address Name Agent 7. Name 7.	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF	MAKING (HANGES	- 	
6. Name and Address of Current Registered Agent 7. Name and Address of Nature Desired Status Stat	City & State		City & State			4. FEI Numb	er 65-1131539			• •	
RIVKIN, BERNARD 5940 SW 19TH ST PLANTATION FL 33317 City FL Zip Code City FL Zip C	Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired				
BINKIN, BERNARD 5940 SW 19TH ST PLANTATION FL 33317 City FL Zip Code		6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Reg	istered Ag	ent		
State Address (P.O. Box Number is Not Acceptable) City FL Zip Code	r) (La	IN DEDNADO			Name						
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 Israiliar with, and accept the obligations of registered agent. SIGNATURE Signature, hybrid or prince name of registered agent and five if applicable. (NOTE: Registered Agent agreeting requirement agent was are office or registered agent, or both, in the State of Florida. I am Israiliar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Floridat Department of State Due by May 1, 2003 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES ITILE MANE Delete ITILE ADDITIONS/CHANGES SIRET ADDRESS CITY-ST-2P ITILE MANE SIRET ADDRESS CITY-ST-2P TITLE Delete ITILE ADDITIONS SIRET ADDRESS CITY-ST-2P ITILE Delete ITILE ADDITIONS SIRET ADDRESS CITY-ST-2P ITILE Delete ITILE ADDRESS CITY-ST-2P ITILE Delete ITILE ADDRESS CITY-ST-2P ITILE Delete ITILE ADDRESS CITY-ST-2P ITILE Delete ITILE ADDRESS CITY-ST-2P ITILE Delete ITILE ADDRESS CITY-ST-2P ITILE Delete ITILE ADDRESS CITY-ST-2P ITILE Delete ITILE ADDRESS CITY-ST-2P ITILE Delete ITILE ADDRESS CITY-ST-2P ITILE ADDRESS CITY-ST-2P ITILE ADDRESS ITILE ADDRESS CITY-ST-2P ITILE ADDRESS ITILE ADDRESS CITY-ST-2P ITILE ADDRESS ITILE ADDRESS ITILE I	5940	SW 19TH ST	Street Addre		s (P.O. Box Numbe	er is Not Acceptable)					
B. 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. Control C				-							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					City		-	FL	Zip Cod	ie	
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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 pure empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby ce	ertify that the information supplied with t	his filing does not qualify fo	r the exen	nption stated in S	Section 119.07(3)(), Florida Statutes. I fur	rther certify	that the ir	nformation	

SIGNATURE: