2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2003 JUL 22 PM 4:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000023864

1. Entity Name
GENERAL DISTRIBUTORS, LLC

Principal Place of Business	Mailing Address
7041 GRAND NATIONAL DRIVE, #120 ORLANDO, FL 32819	7041 GRAND NATIONAL DRIVE, #120 ORLANDO, FL 32819

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9521 S. Orange Blossom Tr.	9521 S. Orange Blossom Tr.
Suite, Apt. #, etc. Suite 117-B	Suite, Apt. #, etc. Suite 117-B
City & State Orlando, FL	City & State Orlando, FL
Zip 32837 Country USA	Zip 32837 Country USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILIP K. CALANDRINO, P.A.
7232 SAND LAKE ROAD, SUITE 201
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: Philip K. Calandrino, P.A.

Street Address (P.O. Box Number is Not Acceptable):
29 East pine Street

City: Orlando FL. Zip Code: 32801

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: Philip K Calandrino
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when originating) DATE

[redacted]

9. MANAGING MEMBERS/ MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition MGR SULEMAN JIWANI 7039 Grand National Dr. # 120 Orlando FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700021725047 07/22/03--01069--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: 7/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #