2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000216 AF

DOCUMENT # L98000001911

1. Entity Name

ZION WHOLESALE DISTRIBUTING, LLC

Principal Place of Business	Mailing Address
1990 NE 163RD ST. #104 NORTH MIAMI BEACH FL 33162	1990 NE 163RD ST. #104 NORTH MIAMI BEACH FL 33162-4854

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MMR

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0870937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATENCIO, JIMMY A 18011 BISCAYNE BLVD., #1005 AVENTURA FL 33160	Name: Atencio, Jimmy A. Street Address (P.O. Box Number is Not Acceptable): 1990 NE 163rd Street, #104 City: North Miami Beach FL Zip Code: 33162

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 _____ Jimmy A. Atencio 4/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATENCIO, JIMMY A 18011 BISCAYNE BLVD., #1005 AVENTURA FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr General Atencio, Jimmy A. 1990 NE 163rd St. Suite 104 North Miami Beach, FL 33162 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Office Manager Polly S. Atencio 1990 NE 163rd Street, Suite 104 North Miami Beach, FL 33162 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003245548 ☐ Change ☐ Addition -05/11/00--01126--018 *****50.00 *****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 (9/99)

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: _____ Jimmy A. Atencio 4/20/00 305/947-8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #