2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000002371

1. Entity Name

UNIVERSAL DISTRIBUTORS, L.C.

FILED

01 JUN 18 PM 12:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~2440 S.W. 102ND COURT MIAMI FL 33165~~	5301 BLUE LAGOON DRIVE PENTHOUSE SUITE 911 MIAMI, FL 33126 ~~2440 S.W. 102ND COURT MIAMI FL 33165~~

2. Principal Place of Business	3. Mailing Address
5301 Blue Lagoon DR	
Suite, Apt. #, etc. PH-911	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33126 Country U.S.A.	Zip Country U.S.A.

4. FEI Number 65-0871065 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2601 SOUTH BAYSHORE DRIVE, STE 1600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name ALFREDO L. GONZALEZ ESQ

Street Address (P.O. Box Number is Not Acceptable) 2601 So. BAYSHORE Drive

Suite 1600

City MIAMI FL Zip Code 33133

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 _____ 4/12/01
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~~ VICE-PRESIDENT SMITH, TINA L LAS TAPIAS TEGUCIGALPA, HONDURAS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOPEZ VALENTINE, JESSICA J 155 DODDS COURT BURLINGTON VT 05401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004437997--5 -06/22/01--01093--020 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ PRESIDENT MOREL, LEONEL LOPEZ LAS TAPIAS TEGUCIGALPA, HONDURAS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICE MANAGER AIDA GRAVE DEPERALTA 7037 S.W. 153 COURT MIAMI, FL 33193	☐ 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 (11/00)

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: SIGNATURE REQUIRED 4/12/01 (305)858-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #