

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000002617

1. Entity Name

CAPITOL DISTRIBUTION, L.L.C.

00 JUL 17 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

501 BRICKELL KEY DR., SUITE 505
MIAMI FL 33131

Mailing Address

FREUND & BRACKLEY LLP
427 N. GARDEN DRIVE
BEVERLY HILLS CA 90210

2. Principal Place of Business

6501 Park of Commerce BN.
Suite, Apt. #, etc.
Suite 205
City & State
BOCA RATON, FL.
Zip
33467

3. Mailing Address

Same

City & State

Zip

Country

USA

4. FEI Number

65-0955526

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SASSON, ELAN
501 BRICKELL KEY DR., SUITE 505
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SASSON, BEVERLY
501 BRICKELL KEY DR., SUITE 505
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LAMBERT, PAUL
501 BRICKELL KEY DR., SUITE 505
MIAMI FL 33131 ☒ 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
700003337107--4
-07/26/00--01092--003
*****55.00 *****55.00

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

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☐ 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:

E. KATZ/ASSOCIATED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

7-13-00

Daytime Phone #

561
999-8878

CR2E083 (500)