

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -6 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009120

1. Entity Name

HANNA WAREHOUSE & DISTRIBUTION, LLC

Principal Place of Business

1900 SW 57th Ave # 2  
Miami, FL 33155

Mailing Address

1900 SW 57th Ave # 2  
Miami, FL 33155-2154

2. Principal Place of Business

1900 Sw 57th Ave

Suite, Apt. #, etc.  
Suite # 2

City & State

Miami, Florida

Zip

33155

Country

USA

3. Mailing Address

1900 Sw 57th Ave

Suite, Apt. #, etc.  
Suite # 2

City & State

Miami, Fla

Zip

33155

Country

USA

4. FEI Number

65-0969726

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

RUSSELL R. WINER  
1904 E. Busch Blvd  
Tampa, FL 33612

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 reinstalling)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME AUDRA B. HANNA ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MANAGER/SECRETARY/TREASURER ☒ Change ☐ Addition  
STREET ADDRESS Roy F Woodruff/Trustee  
CITY-ST-ZIP 1900 Sw 57th Ave # 2

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP Miami, FL 33155-2154

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/27/00

325-269-0255

003 11/99