

APPROVED
AND
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

01 MAY -2 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000030

1. Entity Name

SWEET DISTRIBUTION LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

615 South DuPont Highway

3. Mailing Address

215 S.E. 10th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dover, Delaware

City & State
Hialeah, Florida

4. FEI Number

Applied For

☒ Not Applicable

Zip
19901

Country
USA

Zip
33010

Country
USA

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

Jeffrey Scheck
215 S.E. 10th Avenue
Hialeah, FL 33010

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

Jeffrey Scheck

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

200004137732-4
-05/07/01--01007--028
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Michael Scheck
215 S.E. 10th Avenue
Hialeah, FL 33010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Jeffrey Scheck
215 S.E. 10th Avenue
Hialeah, FL 33010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Martin Scheck
215 S.E. 10th Avenue
Hialeah, FL 33010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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:

Jeffrey Scheck, Manager

4/29/01

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083 (11/00)