

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90070 040 \*\*\*\*50.00

**DOCUMENT # M00000000219**

1. Entity Name

**WARREN DISTRIBUTORS, LLC**

Principal Place of Business

**303 EAST 51ST STREET  
 NEW YORK NY 10022**

Mailing Address

**303 EAST 51ST STREET  
 NEW YORK NY 10022**

86234

2. Principal Place of Business

**219 Royal Poinciana Way**

Suite, Apt. #, etc.

**Suite 10**

3. Mailing Address

**219 Royal Poinciana Way**

Suite, Apt. #, etc.

**Suite 10**



DO NOT WRITE IN THIS SPACE

City & State

**Palm Beach, FL**

City & State

**Palm Beach FL**

4. FEI Number

**52-2211609**

Applied For

Not Applicable

Zip

**33480**

Country

**USA**

Zip

**33480**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **ANA I. BLANCHARD, CFO**

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

**219 Royal Poinciana Way Suite 10**

City

**Palm Beach**

**FL**

Zip Code

**33460**

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

**Ana I. Blanchard CFO**

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/25/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRE- Managing member** ☐ Delete  
 NAME **WARREN, ROBERT M**  
 STREET ADDRESS **303 EAST 51ST STREET**  
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **CFO** ☒ Change ☐ Addition  
 NAME **ANA I. BLANCHARD**  
 STREET ADDRESS **219 Royal Poinciana Way Suite 10**  
 CITY-ST-ZIP **Palm Beach, FL 33480**

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

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

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TITLE ☐ Change ☐ Addition  
 NAME  
 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 REQUIRED**

**3/25/02**

**521-832-1852**

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

Date

Daytime Phone #

CR2E083 (9/01)