2000 UNIFORM BUSINESS REPORT (UBR)

May 12, 2000 8:00 am Secretary of State DOCUMENT # **M77957** 1. Entity Name SAI DISTRIBUTORS, INC. 05-12-2000 90071 040 ***150.00 Mailing Address Principal Place of Business C/O KENNETH L DANIELSON % DENEEN PALLADING 1901 TIGERTAIL BLVD. 1901 TIGERTAIL BLVD. DANIA FL 33004-2104 DANIA FL 33004 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0049546 Not Applicable Zip \$8.75-Additional Country 5. Certificate of Status Desired -- 🔲 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BESHOURI, PETER Street Address (P.O. Box Number is Not Acceptable) 1901 TIGERTAIL BLVD. DANIA FL 33004 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete BESHOURI, PETER NAME NAME <u>S</u> STREET ADDRESS STREET ADDRESS 1901 TIGERTAIL BLVD. CITY-ST-ZIP CHY-ST-ZIP DANIA FL 33004 ☐ Addition ☐ Delete Change TITLE NAME BLUMBERG, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1901 TIGERTAIL BLVD. CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 ☐ Delete Change ☐ Addition TITLE DANIELSON, KENNETH L NAME NAME STREET ADDRESS STREET ADDRESS 1901 TIGERTAIL BLVD CITY-ST-ZIP CITY-ST-ZIP **DANIA FL 33004** ☐ Delete TITLE ☐ Change ☐ Addition TITLE O'NEIL, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 1901 TIGERTAIL BLVD CITY-ST-ZIP CITY-ST-7IP **DANIA FL 33004** Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with ap address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

954-922-4434

Daylime Phone #

FILED