CR2E034 (9/01)

2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 20, 2002 8:00 am DOCUMENT # P00000105128 **Secretary of State** 1. Entity Name 03-20-2002 90053 020 ***150 00 RW DISTRIBUTING, INC. Principal Place of Business Mailing Address 5602 E FOWLER AVE 5602 E FOWLER AVE **TAMPA FL 33617 TAMPA FL 33617** 2. Principal Place of Business 3. Mailing Address .Suite, Apt. #, etc. .Suite, Apt..#, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3680530 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 \$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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ۷D SABA, WALID M STREET ADDRESS STREET ADDRESS 5602 E FOWLER AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33617** TITLE Delete ☐ Change ☐ Addition NAME PETRUS, RAED S STREET ADDRESS STREET ADDRESS 5602 E FOWLER AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33617** TITLE Defete TITLE [] Change ☐ Addition STD NAME PETRUS, WALID M STREET ADDRESS STREET ADDRESS 5602 E FOWLER AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33617 Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.