2002 UNIFORM BUSINESS REPORT (UBR)

P00000115178 **DOCUMENT #** 1. Entity Name

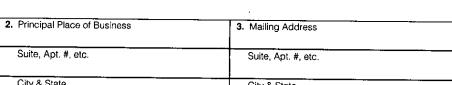
EAGLE DISTRIBUTORS CORP.

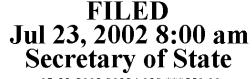
Principal Place of Business

% 8360 WEST FLAGLER ST. SUITE 200

Mailing Address

% 8360 WEST FLAGLER ST. SUITE 200





07-23-2002 90324 029 ***550.00

MIAMI FL 33	31 44	MIAMI FL 33144											
<u> </u> 			,				1111						
2. Principal Place of Business			3. Mailin	3. Mailing Address			(!]]]						
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			City &	City & State			4. FEI Number 65-1072966					Applied For Not Applicable	le l
Zip				Zip Country			5. Certificate of Status Desired See					.75 Additional	
	6. Name	and Address of Curren	t Registered	Agent			7. Name ar	d Address of	New Regi				\dashv
					Nam								┪
	m, adam			Street Address			ess (P.O. Box Number is Not Acceptable)						
% 8360 \ Miami fl	F	ER ST. SUITE 200							epianie)				
IAIN-MAIL I E	- 00177				City								
<u> </u>					City					FL	Zip Co		
the obliga	e named entity ations of registe	submits this statement fered agent.	for the purpos	e of changing its r	egistered offic	e or registere	d agent, or b	oth, in the Sta	te of Florida	a. Iam f	amiliar with	n, and accept	
SIGNATURE	Signature, typed o	or printed name of registered agen	at and title if applica	able. (NOTE:	Registered Agent si	gnature required w	hen reinstating)			DATE			
9. This corn	oration is eligib	ale to esticly its Intansible											\dashv
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 			After	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750 Make Check Payable to Department of Sta)	lection Campa		ing _	\$5. 1	00 May Be	
11.		OFFICERS AND				ent of State							
TITLE	PD	OFFICERS AND	DIRECTORS	Delete	12.	1	ADDITIONS	CHANGES 1	O OFFICE	RS AND			ـ ا
NAME	ABRAHAM, ADAM			□ Delete	NAME						☐ Change	Addition	
STREET ADDRESS % 8360 WEST FLAGLER ST. SUITE				000		20							4
CITY-ST-ZIP	MIAMI FL 3				STREET ADDRES	30							F034 (4/02
TITLE		<u>. </u>		☐ Delete	TITLE			 .			☐ Change	☐ Addition	
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TITLE NAME				☐ Delete	TITLE						Change	Addition	
STREET ADDRESS					NAME STREET ADDRESS								
CITY-ST-ZIP	!				CITY-ST-ZIP	'							1

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 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

□ Delete

☐ Change

Addition