FILED

Jul 09, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

P01000049373 **DOCUMENT#** 1. Entity Name 07-09-2002 90376 017 ***150.00 KAREN DISTRIBUTING, INC. Principal Place of Business Mailing Address 1785 BREAKERS POINTE WAY 1785 BREAKERS POINTE WAY WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 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 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 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Addition TITLE ☐ Delete Change NAME PERNICK, KAREN S NAME STREET ADDRESS 1785 BREAKERS POINTE WAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Change PERNICK, MICHAEL A NAME NAME STREET ADORESS 1785 BREAKERS POINTE WAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TI**T**LE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

Affachment



KAREN DISTRIBUTING INC.

Pola000 49373 BOI27885

Primary Business Address 1785 BREAKERS POINTE WAY WEST PALM BEACH FL. 33411 Phone: 561-798-9122 Fax: 561-798-8226 Email: DRSNORKLE@AOL.COM

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P. O. BOX 1500 ... TALLAHASSE, FL. 32302-1500 7/5/02

TO WHOM IT MAY CONCERN:

I AM REQUESTING THAT THE LATE FEE BE WAIVED, SINCE OUR CORPORATION DIDN'T RECEIVE ANY-PRIOR-NOTICE REGARDING THE 2002 UNIFORM BUSINESS REPORT. IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER PLEASE FEEL FREE TO CONTACT ME AT 561-798-9122.

SINCERELY,

MICHAEL A PERNICK VICE PRESIDENT