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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
03-13-2002 90035 022 ***150.00

DOCUMENT # P01000077991

1. Entity Name

OELI CLASSICS DISTRIBUTERS, INC

DO NOT WRITE IN THIS SPACE

87066

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2. Principal Place of Business	3. Mailing Address
9140 SW 18TH RD	9140 SW 18TH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FLA	City & State: BOCA RATON FL
Zip: 33428 Country: PALM BEACH	Zip: 33428 Country: PALM BEACH

4. FEI Number: LT 65-1145582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: LAW OFFICES OF AMERN & DRUCKER PA
Street Address (P.O. Box Number is Not Acceptable): 311 UNIVERSITY DRIVE
SUITE 608 P.O. #
City: CORAL SPRINGS FL Zip Code: 33065

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: THOMAS DINZLER 5-17-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	ANTHONY CONSIGLIO
STREET ADDRESS	1128 NW 15ST
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	VICE PRES
NAME	THOMAS DINZLER
STREET ADDRESS	9140 SW 18TH RD
CITY-ST-ZIP	BOCA RATON FL. 33428
TITLE	SECRETARY
NAME	RANDY DINZLER
STREET ADDRESS	940 WESTOVER AVE
CITY-ST-ZIP	NORFOLK VA 23507
TITLE	
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CR2E034B (12/01)

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

SIGNATURE: 2-18-02 5614707319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS DINZLER