

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91540 032 ***158.75

DOCUMENT # P01000121052

1. Entity Name

SHARON'S DISTRIBUTORS, INC.

Principal Place of Business

**2912 NW 11TH AVE
 WILTON MANORS FL 33311**

Mailing Address

**2912 NW 11TH AVE
 WILTON MANORS FL 33311**

2. Principal Place of Business

1258 NORTHLAKE BLVD.

3. Mailing Address

1258 NORTHLAKE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

Zip

33403

Country

USA

Zip

33403

Country

USA

4. FEI Number

16-1339029

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRANKEL, MARK

2912 NW 11TH AVE

WILTON MANORS FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Mark Frankel, **MARK FRANKEL**

4/18/02

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)

☒

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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 **PRESIDENT** ☐ Delete
 NAME **MICHAEL CAMARDELLO**
 STREET ADDRESS **2912 NW 11TH AVE**
 CITY-ST-ZIP **WILTON MANORS, FL. 33311**

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **MARK FRANKEL**
 STREET ADDRESS **2912 NW 11TH AVE**
 CITY-ST-ZIP **WILTON MANORS, FL. 33311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Frankel, **4/18/02**

Date

Daytime Phone #

954/270-6604

CR2E034 (9/01)