

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90183 049 ***550.00

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AV

DOCUMENT # P02000054740

1. Entity Name
ALLIANCE DISTRIBUTION, INC.



Principal Place of Business
**6862 NW 20TH AVE.
FT. LAUDERDALE FL 33309**

Mailing Address
**6862 NW 20TH AVE.
FT. LAUDERDALE FL 33309**



2. Principal Place of Business
6894 NW 20TH AVE
Suite, Apt. #, etc.

3. Mailing Address
6894 NW 20TH AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE FL
Zip
33309
Country
USA

City & State
FT. LAUDERDALE FL
Zip
33309
Country
USA

4. FEI Number
02-0611020
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILLIPS, MICHAEL
6862 NW 20TH AVE.
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name
MICHAEL PHILLIPS
Street Address (P.O. Box Number is Not Acceptable)
6894 NW 20TH AVENUE
City
FT. LAUDERDALE FL Zip Code
33309

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

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PHILLIPS, THEODORE 6894 NW 20TH AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PHILLIPS, MICHAEL 6894 NW 20TH AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Theodore Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/24/03

954 935-5722

CR2E034 (4/03)