

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90110 023 ***150.00

DOCUMENT # P02000093080

1. Entity Name
REGIONAL ELECTRONIC DISTRIBUTOR, INC.



Principal Place of Business
**1857 NW 96TH AVE.
FT. LAUDERDALE FL 33322**

Mailing Address
**1857 NW 96TH AVE.
FT. LAUDERDALE FL 33322**



2. Principal Place of Business
2315 NW 107 AVE

3. Mailing Address
P.O. BOX - 226347

Suite, Apt. #, etc.
SUITE 1M-33

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI - FLORIDA

City & State
MIAMI - FL

4. FEI Number
54-2071591

Applied For
Not Applicable

Zip
33172

Country
MIAMI-DADE

Zip
33122

Country
MIAMI-DADE

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

6. Name and Address of Current Registered Agent

**PELLISSERY, JOE J
1857 NW 96TH AVE.
FT. LAUDERDALE FL 33322**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

JOE PELLISSERY

PD

01/29/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PD** ☐ Delete
NAME **PELLISSERY, JOE J**
STREET ADDRESS **1857 NW 96TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT PELLISSERY

01/29/03 786 845-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)