## 2003 FOR PROFIT CORPORATIONS UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2003 8:00 am Secretary of State

DOCUMENT # P02000129653 Lefty Name NORTHSTAR DISTRIBUTORS, INC.  Principal Place of Business Syste SOUTHWEST 13TH AVENUE Syste April R. stoc.  Suite, April R. s		II OHM DO	SHILSS HEFUL	1 10011	<b>-</b>	
### SPAS SOUTHWEST 198TH AVENUE   ANAIR R. 29188	1. Entity Nar	ne .			04-28-2003 90231 035 ***150.00	
Sulfo, Apt. 9, etc.  Sulfo, Apt. 9, etc.  Sulfo, Apt. 9, etc.  City & State  City & St	9758 SOUTH	VEST 138TH AVENUE	9756 SOUTHWEST 138TI	H AVENUE		
Suite, Apt. 8, etc.  City & State  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	(	•			i Laganda im dana udil dani dalik adiri sudi ilaha rengahan dian keradah	
City & State  Country  Country  Country  S. Conficiate of Status Deleterd  S. S. A FEI Number  S. Conficiate of Status Deleterd  S. S. And Address of Current Registered Agent  Normal Address of New	2. Principal I	Place of Business	3. Mailing Address			
Signature   Sign	Suite, Apt. #, etc. Suite, Apt. #, etc.			·	☐ CHECK HERE IF MAKING CHANGES	
E. Name and Address of Current Registered Agent  SPECEL & UTRERA, P.A.  Sueci Address (P.O. Box Number is Not Acceptable)  September 1, 200 ST.  ATH FLOOR  MAMA FL 33145  E. The above named enally submits by Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, and both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent and the state of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tan familiar with,	City & State City & State			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
SPIEGEL & UTRERA, P.A.  1849 SW 22ND ST.  4TH FLOOR  MAMA FL 33145  6. The above named crisis submits by statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering days and test if explaints.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Psychological Department of State.  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  SPINO, ELIO  SIRET ADDRESS  OTH-51-29  MAMA FL 33186  OTH-51-29  THE  NAME  SIRET ADDRESS  OTH-51-29  THE  N	Zip			Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
SPIECEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR  MAMAR FL 33145  City  FL  Zip Code  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I can familiar with, and accept the obligations of registering flager.  SIGNATURE  FILE NOW!! FEE IS 5150.00  After May 1, 2003 Fee will be 3550.00  After May 1, 2003 Fee will be 3550.00  After May 1, 2003 Fee will be 3550.00  Make Check Psysble to (Florida Department of State)  10.  OFFICERS AND DIRECTORS 111  11.  ADDITIONS/OFANGES TO OFFICERS AND DIRECTORS 111  10.  OFFICERS AND DIRECTORS 111  11.  ADDITIONS/OFANGES TO OFFICERS AND DIRECTORS 111  11		6. Name and Address of	of Current Registered Agent		7: Name and Address of New Registered Agent	
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MIAMI FL 33145  City FL Zip Code  8. The above named entity submits by statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and because of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the action of registered agent, or both, in the State of Florida. I am familiar with, and accept the Added of Florida. I am familiar with, and accept the Added of Florida. I am familiar with, and accept the Added of Florida. I am familiar with, and accept the Added of Florida. I am familiar with, and accept the Added of Florida. I am familiar with, and accept the Added of Florida. I am familiar with, and accept the Added of Florida. I am familiar	1840 SW	22ND ST.		Street Address	(P.O. Box Number is Not Acceptable)	
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After May 1, 2003 Fee will be \$55.00 Make Check Payable to (Florida Department of State)  10.		Signature, typed by printed name of re	gistered agent and title if applicable. (NO	TE: Registered Agent signature require	ed when relinstating) DATE	
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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 empressed to execute this report as required by Chapter 607. Find a Statutes: and that my game propers in Block 10 or Block 11 if	12 I berebu c	ertify that the information sur	polied with this filing does not qualify to	r the exemption stated in Se	ection 119.07(3)(f). Florida Statutes, I further certify that the information	