

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19028

1. Entity Name

CBI-DISTRIBUTING CORP.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90057 023 \*\*\*150.00

Principal Place of Business

2400 W CENTRAL ROAD  
HOFFMAN ESTATES IL 60195  
US

Mailing Address

3 SW 129TH AVE., SUITE 400  
P.O. BOX 9312  
PEMBROKE PINES FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0135574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SCHAEFER, ROWLAND	
STREET ADDRESS	3 SW 129TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHAEFER, ROWLAND	
STREET ADDRESS	3 SW 129 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERRITT, HAROLD E.	
STREET ADDRESS	1221 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	KAPLAN, IRA	
STREET ADDRESS	3 SW 129TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSSI, KATHLEEN	
STREET ADDRESS	3 SW 129TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

*Kathleen E. Rossi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN ROSSI

4/26/01

Date

(954) 433-3900

Daytime Phone #

CR2E034 (10/00)

0113910