

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90349 032 ***150.00

DOCUMENT # P19028
 1. Entity Name
CBI DISTRIBUTING CORP.

Principal Place of Business Mailing Address
2400 W CENTRAL ROAD **3 SW 129TH AVE.. SUITE 400**
HOFFMAN ESTATES IL 60195 **P.O. BOX 9312**
US **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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
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.
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	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 checked="" 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 checked="" 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL WINER
STREET ADDRESS	3 SW 129 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID OUIS
STREET ADDRESS	3 SW 129 Avenue
CITY-ST-ZIP	Pembroke Pines, FL 33027
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 an officer like empowered.

SIGNATURE: _____ **DAVID OUIS** Date _____ Daytime Phone # **(984) 433-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24113

CR2E034 (9/01)