

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9 3000068365**

1. Entity Name

**S.E. Wholesale Distributors, Inc.**

Principal Place of Business

Mailing Address

**3717 CORAL TREE CIRCLE  
COCONUT CREEK FLORIDA  
33073**

2. Principal Place of Business

3. Mailing Address

**3717 CORAL TREE CIRCLE  
Suite, Apt. #, etc.**

Suite, Apt. #, etc.

City & State

**COCONUT CREEK FLORIDA**

City & State

Zip **33073**

Country **USA**

Zip

Country

4. FEI Number

**25-0439583**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONARD KANTROWITZ  
3717 CORAL TREE CIRCLE  
COCONUT CREEK FLORIDA  
33073**

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, 2000 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	<b>VICE PRES</b>	<input type="checkbox"/> Delete
NAME	<b>LEONARD KANTROWITZ</b>	
STREET ADDRESS	<b>3717 CORAL TREE CIRCLE</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FLA 33073</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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

**LEONARD KANTROWITZ**

**4-15-00**

**934-9786426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)