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FILED
Jul 02, 2001 8:00 am
Secretary of State
05-24-2001 90321 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name PROD-X DISTRIBUTORS, INC
P94000072055 (LA)

Principal Place of Business: 12229 SW 53RD ST, BLDG 300 STE 306, COOPER CITY FL 33330
Mailing Address: SAME

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12229 SW 53RD STREET	12229 SW 53RD STREET
Suite, Apt. #, etc.: BLDG 300 STE 306	Suite, Apt. #, etc.: BLDG 300 STE 306
City & State: COOPER CITY FL	City & State: COOPER CITY FL
Zip: 33330 Country: BROWARD	Zip: 33330 Country: BROWARD

4. FEI Number 65-0545526 ☐ 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
NASIR KHAN 2546 HUNTERS RUN WAY WESTON FL 33327	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 4-25-01

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	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NASIR KHAN	NAME	
STREET ADDRESS	2546 HUNTERS RUN WAY	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33327	CITY-ST-ZIP	
TITLE	V.PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ASIF MANSOOR	NAME	
STREET ADDRESS	436-LAKEVIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL. 33326	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: ______ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date 4-25-01 Daytime Phone # 954-434-1139