

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016350

1. Entity Name

H.B. ADAMS DISTRIBUTORS, INC.

Principal Place of Business

% KENNETH A. PERKINS
2151 W. HILLSBORO BLVD., STE. 400
DEERFIELD BEACH FL 33442

Mailing Address

% KENNETH A. PERKINS
2151 W. HILLSBORO BLVD., STE. 400
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

2665 S. BAYSHORE DR
901

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

Zip

Country

Zip

Country

US

4. FEI Number

69-3301985

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

PERKINS, KENNETH A
% GEMARE DISTRIBUTORS INC.
2151 W. HILLSBORO BLVD., SUITE 400
DEERFIELD BEACH FL 33442

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 DP
NAME PERKINS, KENNETH A
STREET ADDRESS 2151 W. HILLSBORO BLVD., STE. 400
CITY-ST-ZIP DEERFIELD BEACH FL ☐ Delete

TITLE VP
NAME FUMAGALI, OSCAR
STREET ADDRESS 2151 W. HILLSBORO BLVD 400
CITY-ST-ZIP DEERFIELD BCH FL ☒ Delete

TITLE T
NAME RODRIGUEZ, SERGIO A.
STREET ADDRESS 2151 W. HILLSBORO BLVD. 400
CITY-ST-ZIP DEERFIELD BCH FL ☐ Delete

TITLE S
NAME WENDY COX
STREET ADDRESS 2151 W. HILLSBORO BLVD 400
CITY-ST-ZIP DEERFIELD BCH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VPS
NAME BARRY S. LOGAN
STREET ADDRESS 2665 South Bayshore Dr. Suite 901
CITY-ST-ZIP Coconut Grove, FL 33133 ☐ Change ☒ Addition

TITLE RT
NAME DANIEL PALMESE
STREET ADDRESS 2665 South Bayshore Dr. Suite 901
CITY-ST-ZIP Coconut GROVE, FL 33133 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

DAN PALMESE

Date

03/28/01

Daytime Phone #

305-714-4119

00031840



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)