

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035515

1. Entity Name

REFRESHMENT DISTRIBUTORS, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90094 048 ***150.00

820303



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4009 PEMBROKE RD
 HOLLYWOOD FL 33021
 US

4009 PEMBROKE RD
 HOLLYWOOD FL 33009-3071
 US

2. Principal Place of Business

3. Mailing Address

3103 SW 25 ST
 Suite, Apt. #, etc.

3103 SW 25 ST
 Suite, Apt. #, etc.

Bay No. 103

Bay No. 103

City & State

City & State

Pembroke Park, FL

Pembroke Park, FL

Zip

Country

Zip

Country

33009

USA

33009

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAVITT, ALBERT J
 4009 PEMBROKE RD
 HOLLYWOOD FL 33021

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 LEAVITT, ALBERT J
 4009 PEMBROKE RD
 HOLLYWOOD FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

3/7/00 954-986-2366

CR2034 (9/99)