

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90047 024 ***158.75

DOCUMENT # P96000088447

1. Entity Name
ONESOURCE DISTRIBUTING, INC.

Principal Place of Business

~~17254 NW 7TH ST~~
PEMBROKE PINES FL

Mailing Address

~~17254 NW 7TH ST~~
PEMBROKE PINES FL

2. Principal Place of Business

19445 SW 14 ST

3. Mailing Address

19445 SW 14 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0715194

Applied For

Not Applicable

Zip **33029**

Country **U.S.A**

Zip **33029**

Country **USA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PUTTERMAN, MARC

~~17254 NW 7TH ST~~ **19445 SW 14 ST.**
PEMBROKE PINES FL 33029

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]
 Signature, typed or printed name of registered agent and title if applicable.

MARC PUTTERMAN

(NOTE: Registered Agent signature required when reinstating)

1-31-02

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, 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 **D PRESIDENT & SECT.** ☐ Delete
 NAME **PUTTERMAN, MARC**
 STREET ADDRESS ~~17254 NW 7TH ST~~ **19445 SW 14 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **V.P & TREASURY** ☐ Delete
 NAME **JACQUELINE M. PUTTERMAN**
 STREET ADDRESS **19445 SW 14 ST**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

[Signature] **MARC PUTTERMAN**

Date

Daytime Phone #

1-31-02

954-450-4868

CR2E034 (9/01)