2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90191 010 ***150.00

DOCUMENT # P97000039880

1. Entity Name
UTOPIA DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL J. LAVERY, P.A. 4600 N. OCEAN BLVD. #201 BOYNTON BEACH FL 33435	C/O MICHAEL J. LAVERY, P.A. 4600 N. OCEAN BLVD. #201 BOYNTON BEACH FL 33435

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6601 LYONS ROAD	
Suite, Apt. #, etc. SUITE L-3	Suite, Apt. #, etc.
City & State COCONUT CREEK FL	City & State
Zip 33073 Country USA	Zip Country

4. FEI Number 65-0752625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAVERY, MICHAEL J ESQ
4600 NORTH OCEAN BLVD. #201
BOYNTON BEACH FL 33435

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MELTZER, STEVEN 6601 LYONS ROAD, SUITEN L3 COCONUT CREEK FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DONALD KAPLAN, C.F.O. 1/21/03 954-698-0140 EXT 39
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #