

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90071 007 ***150.00

DOCUMENT # P97000059359
1. Entity Name Running Brooke Dist. Inct
 Distributing, Inc.

Principal Place of Business Mailing Address
 4321 SW 41 st
 Hollywood, Fla 33023

2. Principal Place of Business SAME
3. Mailing Address Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip 33023 Country USA Zip Country

4. FEI Number 65-0791574 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

038544

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 Michael L. Wiley **4-20-00**
 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

TITLE President NAME Michael L. Wiley STREET ADDRESS 4321 SW 41 st CITY-ST-ZIP Hollywood, Fla 33023	<input type="checkbox"/> Delete
TITLE Vice President NAME Gayle F. Wiley STREET ADDRESS 4321 SW 41 st CITY-ST-ZIP Hollywood, Fla 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President NAME Michael L. Wiley STREET ADDRESS 4321 SW 41 st. CITY-ST-ZIP Hollywood, Fla, 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Vice President NAME Gayle F. Wiley STREET ADDRESS 4321 SW 41 st CITY-ST-ZIP Hollywood, Fla. 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael L. Wiley President **4-20-00** **954-962-0063**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)