

2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P7000076798

1. Entity Name
Unlimited Wholesalers, Inc.

Principal Place of Business Mailing Address
495 E. 44 ST., Hialeah, FL 33013

FILED

01 SEP -4 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

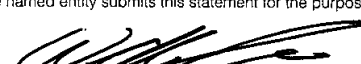
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
William Garcia 495 E. 44 ST. Hialeah, FL 33013		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  DATE _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P/D William Garcia STREET ADDRESS 495 E. 44 ST. CITY-ST-ZIP Hialeah, FL 33013	<input type="checkbox"/> Delete	TITLE NAME 500004572185--4 -09/06/01--01047--001 ****600.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 101.25-AR STREET ADDRESS 10.00-ARANT3 CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 88.75-ARSHIPP STREET ADDRESS 400.00-CRA CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 101.25-AR STREET ADDRESS 10.00-ARANT3 CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 88.75-ARSHIPP STREET ADDRESS 400.00-CRA CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 88.75-ARSHIPP STREET ADDRESS 400.00-CRA CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 98-01 UBR 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: 

CR2E034 (11/00)

Page 2 of 2

UNLIMITED WHOLESALERS, INC.
DOC.#P97000076798

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .


CORDIALLY
WILLIAM GARCIA
PRESIDENT