

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002771

1. Entity Name

US DISTRIBUTORS TAMPA INC

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90058 029 \*\*\*158.75

Principal Place of Business

2301 E. MCBERRY ST.  
TAMPA FL 33610

Mailing Address

2301 E. MCBERRY ST.  
TAMPA FL 33610-5055

2. Principal Place of Business

2301 E MCBERRY ST

Suite, Apt. #, etc.

3. Mailing Address

2301 E MCBERRY ST

Suite, Apt. #, etc.

Tampa FL

City & State

Tampa FL

City & State

TAMPA FL

Zip

33610

Country

Hillborough

Zip

33610

Country

Hillborough

4. FEI Number

65-0806672

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOORANI, AKBAR  
5841 COLONY PLACE DRIVE  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

AKBAR NOORANI

Street Address (P.O. Box Number is Not Acceptable)

8710 CORAL DAWN CT

City

Temple Terrace

FL

Zip Code

33637

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]*

AKBAR NOORANI

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	D	<input type="checkbox"/> Delete
NAME	NOORANI, AKBAR	
STREET ADDRESS	5841 COLONY PLACE DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33637	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 813-234-2244

Date

Daytime Phone #