

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90498 044 \*\*\*150.00

**DOCUMENT # P98000057613**

1. Entity Name

**NBC WHOLESALE, INC.**

Principal Place of Business

**6303 BROOKWOOD BOULEVARD  
TAMARAC FL 33319**

Mailing Address

**6303 BROOKWOOD BOULEVARD  
TAMARAC FL 33319**

2. Principal Place of Business

**1401 NW 114 AVE**

3. Mailing Address

**1401 NW 114 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PLANTATION FL**

City & State

**PLANTATION FL**

Zip

**33323**

Country

**USA**

Zip

**33323**

Country

**USA**

4. FEI Number

**65-0846268**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FORMAN, JOSEPH  
6303 BROOKWOOD BLVD  
FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name  
**JOSEPH FORMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**1401 NW 114 AVE**

City

**PLANTATION FL**

Zip Code

**33323**

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

*JOSEPH FORMAN*

**5-1-02**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
FORMAN, JOSEPH  
6303 BROOKWOOD BOULEVARD  
TAMARAC FL 33319** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1401 NW 114 AVE  
PLANTATION FL 33323** ☒ Change ☐ Addition

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

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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

*JOSEPH FORMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-02**

**954 6100519**

Date

Daytime Phone #

CR2E034 (9/01)