

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060717

1. Entity Name

AFFORDABLE DISTRIBUTION SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90167 019 ***150.00

Principal Place of Business

Mailing Address

1400 E OAK PARK BLVD
STE 100
OAKLAND PARK FL 33334

1400 E OAK PARK BLVD
STE 100
OAKLAND PARK FL 33334

00055131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

383 NW 113 AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 9316

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

OAKLAND PK, FL

4. FEI Number

65-0848278

Applied For

Not Applicable

Zip

33071

Country

USA

Zip

33310

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDRAS, GEORGE

1400 E OAKLAND PARK BLVD STE 100
OAKLAND PARK FL 33334

Name

GEORGE CHANDRAS

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

383 NW 113 AVENUE

City

CORAL SPRINGS FL

Zip Code

33071

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CHANDRAS, GEORGE
CITY-ST-ZIP 1400 E OAKLAND PARK BLVD STE 100
OAKLAND PARK FL 33334

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/00 (954) 683-2006

CR2E034 (9/99)