

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91756 049 ***158.75

DOCUMENT # **P98000103950** ✓

1. Entity Name
MAJOR Dist. Co. OF FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2320 NE 32nd CT

3. Mailing Address
2320 NE 32nd CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lighthouse Point, FL

City & State
Lighthouse Pt., FL

Zip
33064

Country

4. FEI Number
65-0883551

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JACK TITLO**

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

2320 NE 32nd CT

City **Lighthouse Pt., FL** Zip Code **33064**

8. The above named entry 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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRES JACK Titlo 2320 NE 32nd CT Lighthouse Point FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VA Jackie Titlo 2320 NE 32nd CT Lighthouse Point, FL 33064
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)