

**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

Suite, Apt. #, etc.

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

Country

Zip

Country

33064

33064

4. FEI Number

65-0883551

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **JACK TITULO**

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

2320 NE 32nd CT

City **Lighthouse Point**

FL

Zip Code

33064

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

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
**PREI
JACK Titulo
2320 NE 32nd CT
Lighthouse Point FL 33064**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VA
Jackie Titulo
2320 NE 32nd CT
Lighthouse Point, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)