

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000000891

1. Entity Name
Government caps distribution center Inc

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90046 015 ***150.00

Principal Place of Business
250 South SR 7
Plantation, FL 33317

Mailing Address
P.O. Box 15158
Plantation FL 33318

00095553

2. Principal Place of Business
250 South SR 7
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 15158
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plantation FL

City & State
Plantation FL

Zip
33317

Country
USA

Zip
33318

Country
USA

4. FEI Number
65-0887849

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Patricia V. Cohen
1650 South Dixie Hwy 4th Floor
Boca Raton, FL 33432

7. Name and Address of New Registered Agent
Name Uzi Argaman
Street Address (P.O. Box Number is Not Acceptable)
250 South SR 7
City PLANTATION FL Zip Code 33317

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 Uzi Argaman Uz Argaman 50900
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Uz Argaman 50900 (954) 792-7777
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)