2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State
01-17-2002 90054 044 ***150.00

DOCUMENT # P99000042849

1. Entity Name
T & M DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
1255 W ATLANTIC BLVD., OFFICE #2X	1255 W ATLANTIC BLVD., OFFICE #2XXX
POMPANO BEACH FL 33069	POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1255 W. Atlantic Blvd.,	1255 W. Atlantic Blvd.,
Suite, Apt. #, etc.: Suite 121	Suite, Apt. #, etc.: Suite 121
City & State: Pompano Beach	City & State: Pompano Beach
Zip: 33069-2944 Country: Broward	Zip: 33069-2944 Country: Broward

4. FEI Number 65-0920019 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHIAVETTA, MARC A
11851 ROYAL PALM BVD., APT 201
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 ______________________________ 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. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVPD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CHIAVETTA, MARC A	NAME	
STREET ADDRESS	~~11851 ROYAL PALM BLVD APT 201~~	STREET ADDRESS	12445 SW 1st Street
CITY-ST-ZIP	CORAL SPRINGS FL ~~33065~~	CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHIAVETTA, CHERYL A	NAME	
STREET ADDRESS	310 N.W. 107TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: REQUIRED Marc A. Chiavetta President 01/08/02 954-786-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)