

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90084 009 ***150.00

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DOCUMENT # P99000042849

1. Entity Name
T & M DISTRIBUTORS, INC.



Principal Place of Business
**1255 W ATLANTIC BLVD.,
SUITE 121
POMPANO BEACH FL 33069-2944**

Mailing Address
**1255 W ATLANTIC BLVD.,
SUITE 121
POMPANO BEACH FL 33069-2944**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0920019**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHIAVETTA, MARC A

**~~11851 ROYAL PALM BLVD., ART 201~~
CORAL SPRINGS FL 33065**

Name

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

12445 SW 1st Street

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVPD
CHIAVETTA, MARC A
12445 W 1ST STREET
POMPANO BEACH FL 33071** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**12445 SW 1st Street
Coral Springs, FL 33071** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CHIAVETTA, CHERYL A
310 N.W. 107TH TERRACE
CORAL SPRINGS FL 33071** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other live empowered.

SIGNATURE:

Marc A. Chiavetta

Marc A. Chiavetta January 7, 2003 954-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Date

Daytime Phone #

786-1362

CR2E034 (10/02)