2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90783 033 ***150.00

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DOCUMENT # **P99000048472**

1. Entity Name
S.R.D. DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
8271 SUNSET STRIP SUNRISE FL 33322	8271 SUNSET STRIP SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9873 NW 5th Ct	9873 NW 5th Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation FL	City & State: Plantation FL
Zip: 33324 Country	Zip: 33324 Country

4. FEI Number **65-0919999** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAHERI, SHAHROOZ
8271 SUNSET STRIP
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name: Debra Lifton
Street Address (P.O. Box Number is Not Acceptable): 9873 NW 5 COURT
City: PLANTATION **FL** Zip Code: 33324

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.

Debra Lifton President

SIGNATURE: (signature) (X) Shahrooz Ta[signature] 2/23/02

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAHERI, SHAHROOZ 8271 SUNSET STRIP SUNRISE FL 33322 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIFTON, DEBBIE ~~8271 SUNSET STRIP~~ ~~SUNRISE FL 33322~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9873 NW 5th court Plantation FL 33324
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: X (signature) 2/25/02 954-741-4045

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