2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

20355 N.E. 34TH COURT., #729 AVENTURA FL 33180

P99000071209

Mailing Address

AVENTURA FL 33180

20355 N.E. 34TH COURT., #729

1. Entity Name

BSD DISTRIBUTORS, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90204 002 ***150.00

THE STA
PER TOTAL
(3)
CO WE 3

	ace of Business ACLIVA COUE CIRCLE	3. Mailing Address 21294 MAAN	NA COVE CIR		i ibil edali
Suite, Apt.		Suite Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State AVENTURA	FLORIDA	4. FEI Number 65-0939973 Applie Not A	ed For pplicable
33180	Country V. S. A.	33180	Country U.S.A.	5. Certificate of Status Desired S8.75 Addition Fee Required	nal
	6. Name and Address of Current F	Registered Agent	Name 1	7. Name and Address of New Registered Agent	
	I, BENY 3. 34TH COURT., #729 A FL 33180		Street Ad	CHILEVICY, BENY. Idress (RO, Box Number is Not Acceptable) AH MARINA COVE CIRCLE # 15 H CATURA FL Zip Code 3:	210 -
the obligat	ions of registered/agent.	; BENY /CH	AV	registered agent, or both, in the State of Florida. I am familiar with, and $PSTD = 01/14/o3$	<i>7</i> 10-
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 N Trust Fund Contribution. Added to	
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ICHILEVICI, BENY 20355 NE 34 COURT #729 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ICHILEVICI, BENY 21394 NAMINA COVE CIRCLE # 15H AVENTUM FL 33180	_] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ICHILEVICI, ILAN 20355 NE 34 COURT #729 MIAMI FL 33180	☐ Delete	TITLE NAME STREET ADDRESS		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated	on this report or supplemental report is	true and accurate and that r	STREET ADDRESS CITY-ST-ZIP or the exemption state my signature shall ha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under oath; that I am an officer or company of the same legal effect as if made under oath; that I am an officer or company of the same appears in Block 10 or Block	director

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: