

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State
 04-23-2000 90058 044 ***150.00

DOCUMENT # P99000090860

1. Entity Name
RINDONE DISTRIBUTING, INC.

Principal Place of Business 1830 HYPOLUXO RD., BAY 22 LAKE WORTH FL 33462	Mailing Address P.O. BOX 741293 BOYNTON BEACH FL 33474-1293
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0955312	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**RINDONE, LIBORIO
 1830 HYPOLUXO RD., BAY 22
 LAKE WORTH FL 33462**

7. Name and Address of New Registered Agent
 Name **RANDEE JENNINGS**
 Street Address (P.O. Box Number is Not Acceptable)
**15272 TALL OAK AVENUE
 DELRAY**
 City **DELRAY BEACH FL** Zip Code **33446**

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 **RANDEE JENNINGS** **4-3-00**
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.

**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	PRESIDENT	<input type="checkbox"/> Delete
NAME	LIBORIO RINDONE	
STREET ADDRESS	15272 TALL OAK AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33446	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RANDEE JENNINGS	
STREET ADDRESS	15272 TALL OAK AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **RANDEE JENNINGS** **4-3-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)