

2000 UNIFORM BUSINESS REPORT (UBR)

Page 10.2

DOCUMENT # 323172

1. Entity Name

Hispano American Distributors Inc.

Principal Place of Business

Mailing Address

5109 N. 47 Street
Tampa FL 33610.

5109 N. 47 St.
Tampa FL 33610

2. Principal Place of Business

3. Mailing Address

5109 N. 47 Street
Suite, Apt. #, etc.

5109 N. 47 Street
Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33610.

Country

U.S.A.

Zip

33610

Country

U.S.A.

4. FEI Number

59-1205988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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 Vicente Armasio

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

(NOTE: Registered Agent signature required when registering)

10/16/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST. ☐ Delete
NAME Vicente Armasio
STREET ADDRESS 8231 Daycreek Drive
CITY-ST-ZIP Tampa FL 33615

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

TITLE Vice-President/Sales ☐ Delete
NAME Jovito Barzola
STREET ADDRESS 8203 Maplecrest Place
CITY-ST-ZIP Tampa FL 33615

TITLE Vice President/Sales ☐ Change ☒ Addition
NAME Jovito Barzola
STREET ADDRESS 8203 Maplecrest Place
CITY-ST-ZIP Tampa FL 33615

TITLE Secretary ☐ Delete
NAME Carlos M. Garcia
STREET ADDRESS 350 N.E. 75 Street
CITY-ST-ZIP Miami FL 33138

TITLE Secretary ☐ Change ☒ Addition
NAME Carlos M. Garcia
STREET ADDRESS 350 N.E. 75 Street
CITY-ST-ZIP Miami FL 33138

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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: Vicente Armasio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/00 813-635-9584

CR2E034 (9/99)

**Hispano American Dist.,
Inc.**

5109 N. 47th St.
Tampa, Fl. 33610

Page 2 of 2

August 31, 2000

State of Florida
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen:


This will confirm our phone conversation with Ms. Christine, regarding our involuntary delay in following the attached UBR because of a major fire that damaged our premises.

Please find enclosed the report issued by the Tampa Fire Dept. on 1/16/2000; eventually we had to vacate the entire building and had a \$250,000.00 loss due to the fire and smoke damage.

We respectfully request your waiving the late payment penalty, and acceptance of the attached check in the amount of \$150.00

Thank you in advance.

Yours Truly,


Vicente Armario
President