

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 323172

1. Entity Name

HISPANO AMERICAN DISTRIBUTORS INC

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90265 036 \*\*\*150.00

Principal Place of Business

5109 W 47 STREET  
TAMPA FL 33610

Mailing Address

5109 W 47 STREET  
TAMPA FL 33610

2. Principal Place of Business

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

3. Mailing Address

5109 W 47 ST.  
Suite, Apt. #, etc.

City & State

Tampa

Zip

FL

Country

33610

City & State

Tampa

Zip

FL

Country

33610

4. FEI Number

59-1205988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARMARIO, VICENTE  
8231 DRY CREEK DRIVE  
TAMPA FL 33615

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

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, 2001 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 PDST  
NAME ARMARIO, VICENTE  
STREET ADDRESS 8231 DRY CREEK DRIVE  
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE V  
NAME BARZOLA, JOVITO  
STREET ADDRESS 8203 MAPLECREST PLACE  
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE S  
NAME GARCIA, CARLOS M  
STREET ADDRESS 350 NE 75 STREET  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)