

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000092324

1. Entity Name

DISTRIVALTO U.S.A., INC.

Principal Place of Business

Mailing Address

2510 NW 97th Avenue
Suite 110
Miami, FL 33172

2510 NW 97th Avenue
Suite 110
Miami, FL 33172

FILED

01 DEC 21 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0881198

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

Ceballos, Jose
9535 NW 13 Street
Miami, FL 33172

Name
Aida E. Briele

Street Address (P.O. Box Number is Not Acceptable)

2701 LeJeune Road Ste 300

City
Coral Gables

FL

Zip Code
33134

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]

AIDA E. BRIELE

12-13-01

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) ☐

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
P
Valera, Jose Luis
2510 NW 97 Avenue Ste 110
Miami, FL 33172 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Torres De Valera, Nalvis
2510 NW 97 Avenue Ste 110
Miami, FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000004765680--6
-01/10/02--01084--015
***150.00 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RA
Ceballos, Jose
9535 NW 13 Street
Miami, FL 33172 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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)(f), 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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 12-17-01

Date

Signature Printed

CR2E034 (11/00)

Briele & Echeverria, P.A.

Certified Public Accountants

December 13, 2001

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

We are writing on behalf of Distribalto U.S.A., Inc. Document Number P98000092324
The client never received the 2001 Uniform Business Report.

We respectfully request that you accept their payment of \$150.00, since the form was never received. Please note that the Registered Agent has been changed in order to have an additional mailing address.

Thank you very much for your help.

Sincerely,



Aida E. Briele, CPA