

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 356219

1. Entity Name

B & P DISTRIBUTORS INC

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90021 036 ***150.00

Principal Place of Business

Mailing Address

1005 SE 9TH CT
HIALEAH FL 33010

1005 SE 9TH CT
HIALEAH FL 33010-5815

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

59-1512735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLOU, FRANCIS W.
331 SWALLOW DRIVE
MIAMI SPRINGS FL 33166

Name Constance A. Stevens

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

9280 SW 147 street

City Miami

FL

Zip Code
33176

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

Constance A. Stevens

3/3/00

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. ☐
(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 PT ☒ Delete
NAME BALLOU, FRANCIS W.
STREET ADDRESS 331 SWALLOW DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE PT ☒ Change ☐ Addition
NAME Constance A. Stevens
STREET ADDRESS 9280 SW 147 street
CITY-ST-ZIP Miami FL 33176

TITLE D ☒ Delete
NAME BALLOU, FRANCIS W.
STREET ADDRESS 331 SWALLOW DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE D ☒ Change ☐ Addition
NAME Constance A. Stevens
STREET ADDRESS 9280 SW 147 street
CITY-ST-ZIP Miami FL 33176

TITLE V ☒ Delete
NAME STEVENS, CONSTANCE
STREET ADDRESS 9280 SW 147TH STREET
CITY-ST-ZIP MIAMI FL

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

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

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

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

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

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

TITLE --- ☐ Change ☐ 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:

Constance A. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00
Date

Daytime Phone #

CR2E034 (9/99)