

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **435433**

1. Entity Name  
**H.M. SANCHEZ DISTRIBUTOR, INC.**

Principal Place of Business  
**7900 N.W. 67TH STREET  
MIAMI FL 33166-2631**

Mailing Address  
**7900 N.W. 67TH STREET  
MIAMI FL 33166-2631**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

05-21-2002 91135 014 \*\*\*158.75

FILED  
May 21, 2002 8:00 am  
Secretary of State



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	<b>59-1519398</b>	Applied For
- Zip -	Country	Zip	Country	Not Applicable

5. Certificate of Status Desired  **\$8.75**, Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SANCHEZ, MATEO  
7900 N.W. 67 ST.  
MIAMI FL 33166**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANCHEZ, MATEO 7900 N.W. 67TH STREET MIAMI FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANCHEZ, ZUNILDA 7900 N.W. 67TH STREET MIAMI FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SANCHEZ, ANTONIO 7900 N.W. 67TH STREET MIAMI FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mateo Sanchez* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-26-02 305-592-2910*

Date

Daytime Phone #

CR2E034 (9/01)