

04-11-2003 90112 037 ***150.00

1. Entity Name
ARNEL DISTRIBUTORS, INC.



Mailing Address
21657 S DIXIE HIGHWAY
POST OFFICE BOX 276
MIAMI, FL 33170

3. Mailing Address

Suite, Apt. #, etc.

City & State

Applied For
Not Applicable

Country

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

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	☒ Change	☐ Addition
NAME	PEREZ, BERNABE		
STREET ADDRESS	25324 SW 127TH COURT		
CITY-ST-ZIP	MIAMI, FL 33032		

TITLE	PD	☒ Change	☐ Addition
NAME	PEREZ, MARIA C.		
STREET ADDRESS	25324 SW 127TH COURT		
CITY-ST-ZIP	MIAMI, FL 33032		

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria C. Perez MARIA C. PENEZ

03-18-03 (305) 258-2046

CR2E034 (10/02)