

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90087 001 ***450.00

38422



DO NOT WRITE IN THIS SPACE

DOCUMENT # 514666
Entity Name
ROPE MART DISTRIBUTORS, INC.Principal Place of Business
250 NW 41 STREET
MIAMI FL 33166
Mailing Address
7250 NW 41 STREET
MIAMI FL 33166-6712Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.City & State
City & StateZip
Country
Zip
Country4. FEI Number
59-1723751
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent
CANAL, ADRIANA C.
4269 SW. 13 ST
MIAMI FL 331227. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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) DATE2. 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**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANAL, ADRIANA C.	NAME	
STREET ADDRESS	4269 S.W. 13TH ST.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRANZA, EDUARDO J	NAME	
STREET ADDRESS	2941 SW 77TH PLACE	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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: **Adriana C Canal Pres.** **4-10-01** **305-592-9612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADRIANA C CANAL
Date Daytime Phone #

CR2E034 (9/99)