

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 516725

1. Entity Name

CANEY DISTRIBUTING CO., INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90004 027 ***550.00

Principal Place of Business

743 N.W. 23RD ST.
MIAMI FL 33127-4242

Mailing Address

743 N.W. 23RD ST.
MIAMI FL 33127-4242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2017858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANCHEZ, VIRGILIO
1178 SW 22 TERR
MIAMI FL

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME SANCHEZ, VIRGILIO
STREET ADDRESS 1178 SW 22 TERR
CITY-ST-ZIP MIAMI FL

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

TITLE T ☐ Delete
NAME SANCHEZ, VIRGILIO JR.
STREET ADDRESS 1621 COLLINS AVE.
CITY-ST-ZIP MIAMI BCH. FL

TITLE ☒ Change ☐ Addition
NAME TREASURER,
STREET ADDRESS SANCHEZ, VIRGILIO JR.
CITY-ST-ZIP 108-2ND TERRACE, SAN MARINO ISLAND
MIAMI, FL 33129

TITLE V ☐ Delete
NAME TORRES, ELISA A
STREET ADDRESS 781 N.W. 129TH AVENUE
CITY-ST-ZIP MIAMI FL 33182

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

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TITLE ☐ Delete
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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:

Virgilio Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00 305-635-1204
Date Daytime Phone #