

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725655

1. Entity Name

RELIGIOUS BOOKSTORE DISTRIBUTOR, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90093 024 ****61.25

Principal Place of Business

21 S.W. 13TH AVENUE
MIAMI FL 33135

Mailing Address

21 S.W. 13TH AVENUE
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1446955

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

FIGUEROA, LUIS
1313 PONCE DE LEON
CORAL GABLES FL 33134

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GARRIDO, JOSE A
STREET ADDRESS 1201 MARIOLA CT.
CITY-ST-ZIP CORAL GABLES FL

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

TITLE SD ☐ Delete
NAME FIGUEROA, LUIS A.
STREET ADDRESS 1313 PONCE DE LEON
CITY-ST-ZIP CORAL GABLES FL

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

TITLE D7 ☐ Delete
NAME CORTEZ, PEDRO J
STREET ADDRESS 9005 SW 45 TERRACE
CITY-ST-ZIP MIAMI FL

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

TITLE DVP ☒ Delete
NAME KHAWLY, JEANNE
STREET ADDRESS 2451 BRICKELL AVE #8-L
CITY-ST-ZIP MIAMI, FL 00000

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

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 617, 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:

Redacted Signature REQUIRED Cortes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00 305-226-4224
Date Daytime Phone #

CR2E037 (5/00)