

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90007 013 ***150.00

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1. Entity Name
UNITY GENERAL DISTRIBUTORS, INC.



Principal Place of Business

2860 WEST 3 COURT
P. O. BOX 161554
MIAMI, FL 33116-1554

Mailing Address

2860 WEST 3 COURT
P. O. BOX 161554
MIAMI, FL 33116-1554

50001888



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1285754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSO, OMAR
10125 SW 115 COURT
MIAMI, FL 33176

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUSO, ANTONIO
STREET ADDRESS 10125 SW 115TH CT
CITY-ST-ZIP MIAMI, FL 00000,

TITLE ST
NAME RUSO, IRMA M
STREET ADDRESS 10125 SW 115TH CT
CITY-ST-ZIP MIAMI, FL

TITLE VPD
NAME RUSO, OMAR A
STREET ADDRESS 10160 SW 88 ST., #202
CITY-ST-ZIP MIAMI, FL 33176

TITLE VPD
NAME RUSO, VANESSA
STREET ADDRESS 3706 SW 165 AVE.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #