

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90052 035 ***150.00

DOCUMENT # F10764

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

DO NOT WRITE IN THIS SPACE

02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1285754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$3.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSO, OMAR
10125 SW 115 COURT
MIAMI, FL 33176

**DO NOT WRITE
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)

2/24/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	40160 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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06
Date

Daytime Phone #



ATTACHMENT
40018490
#F10764

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2006

UNITY GENERAL DISTRIBUTORS, INC.
2860 WEST 3RD COURT
HIALEAH, FL 33010

Subject: **UNITY GENERAL DISTRIBUTORS, INC.**

Reference Number: 000000063168

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM
ANNUAL REPORTS SECTION



ATTACHMENT
40018490
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

F10764

Business Entity Name

UNITY GENERAL DISTRIBUTORS, INC.

FEI Number

521285754

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

2860 WEST 3 COURT

Suite, Apt. #, etc.

P. O. BOX 161554

City, State

MIAMI

FL

Zip Code & Country

331161554

Mailing Address

Address

2860 WEST 3 COURT

Suite, Apt. #, etc.

P. O. BOX 161554

City, State

MIAMI

FL

Zip Code & Country

331161554

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

RUSO

OMAR

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

11055 NW 72 TERR.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33178

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

40018490

#F10764
entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

RUSO, ANTONIO

Street Address

10125 SW 115TH CT

City, State

MIAMI, FL 00000

Zip Code & Country

Title

ST

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

RUSO, IRMA M

Street Address

10125 SW 115TH CT

City, State

MIAMI FL

Zip Code & Country

Title

VPD

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

RUSO, OMAR A

Street Address

11055 NW 72 TERR.

City, State

MIAMI FL

Zip Code & Country

33178

Title

VPD

#F10764

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset