

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED REPORT

DOCUMENT # F53803

1. Entity Name

TRUJILLO AND SON DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
328 N.W. 29 STREET 328 N.W. 29 STREET
MIAMI, FL. 33127 MIAMI FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2150457**

Applied For
Not Applicable

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

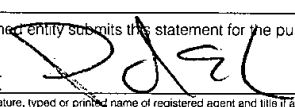
TRUJILLO, PABLO, JR.
328 NW 29 STREET
MIAMI FL 3327

Name **TRUJILLO, PABLO E.**

Street Address (P.O. Box Number is Not Acceptable)
212 S.W. 19th RD.

City **MIAMI FL** Zip Code **33129**

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 X  **PABLO E. TRUJILLO PRES.** DATE _____

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 \$150.00
After MAY 1, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRUJILLO, PABLO, JR 240 SW 19th RD MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRUJILLO, ELOINA 240 SW 19th RD MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUJILLO, PABLO E. 212 SW 19th RD MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRUJILLO, ELOINA 240 SW 19th RD MIAMI FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700064688167-1 -11/20/01--01004--029 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (11/00)

FILED
01 OCT 29 PM 4:44
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

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: X  **PABLO E. TRUJILLO PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #