

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90092 004 ***150.00

DOCUMENT # F96000005159

1. Entity Name

CAIMAN DISTRIBUTION CORP.

Principal Place of Business

1666 N.W. 82ND AVENUE
 MIAMI FL 33126
 US

Mailing Address

1666 N.W. 82ND AVENUE
 MIAMI FL 33126
 US

2. Principal Place of Business

5805 Blue Lagoon Drive

3. Mailing Address

P.O. Box 580902

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33126

Country

U.S.A.

Zip

33152-0902

Country

U.S.A.

4. FEI Number

65-0696419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PILON, DIDIER~~

~~1666 N.W. 82ND AVENUE~~

~~MIAMI FL 33126~~

7. Name and Address of New Registered Agent

Name *Pilon, Didier*

Street Address (P.O. Box Number is Not Acceptable)

5805 Blue Lagoon Drive, Suite 410

City *Miami*

FL

Zip Code *33126*

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

2-13-02

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, 2002 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PILON, DIDIER**
 CITY-ST-ZIP **1666 N.W. 82ND AVENUE**
MIAMI FL 33126

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME *President*
 STREET ADDRESS *Didier Pilon*
 CITY-ST-ZIP *5805 Blue Lagoon Drive - Suite 410*
Miami, FL 33126

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

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

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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: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02

Date

305-261-1902

Daytime Phone #

CR2E034 (9/01)