

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G02033

1. Entity Name

MENPER DISTRIBUTORS INC.

Principal Place of Business

8792 SW 8TH ST
MIAMI FL 33174

Mailing Address

8792 SW 8TH ST
MIAMI FL 33174

2. Principal Place of Business

8792SW 8ST

3. Mailing Address

8792SW 8ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

FI

Country

MIAMI DADE

Zip

33174

Country

MIAMI DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDOZA, GUIDO
8778 S.W. 8 ST.
MIAMI FL 33174

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME MENDOZA, GUIDO
STREET ADDRESS 8778 SW 8 ST
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

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

TITLE VD
NAME PEREZ, ALBERTO
STREET ADDRESS 5570 SW 2ND ST
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

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

TITLE ST
NAME PEREZ, RAMONA
STREET ADDRESS 5570 SW 2ND ST
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/

305 5517204

Day

Daytime Phone #

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90012 049 ***558.75

A0018224



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2226287 Applied For Not Applicable

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

CF 10:14 15/001