

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 17, 2003 8:00 am
Secretary of State

06-17-2003 90024 009 ***150.00

DOCUMENT # G32960

1. Entity Name
YUCATICA DISTRIBUTORS, INC.

Principal Place of Business
**6800 N.W. 82ND AVENUE
MIAMI, FL 33166 US**

Mailing Address
**6800 N.W. 82ND AVENUE
MIAMI, FL 33166 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0592989

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BEECHE-ORTIZ, LUCIANO
6800 N.W. 82ND AVENUE
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

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. 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 Resigning)

DATE

FILED NOW WITH FEES \$150.00

AKA MAY 11 2003 PM 11:00

MADE CHECK PAYABLE TO FLORIDA SECRETARY OF STATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
BEECHE-ORTIZ, LUCIANO
1300 SW 122 AVENUE UNIT 214-2
MIAMI, FL 33184** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEECHE-MORALES, LUCIANO
SAN DIEGO DE TRES RIOS
SAN JOSE, COSTA RICA,** ☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCIANO BEECHE-ORTIZ

JUN 13 2003

(305)

392-7440

CH2E034 (10/02)