

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K18891**

1. Entity Name

SONIMAR DISTRIBUTORS CORP.**FILED**
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90229 046 ***150.00

C0057455



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10711 SW 47 TERRACE MIAMI FL 33165 US	PO BOX 65-1741 MIAMI FL 33265-1741 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 654838 MIAMI

City & State	City & State
MIAMI FL	MIAMI FL
Zip	Country
33265-4838	U.S.A.

4. FEI Number	65-0052692	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CARLES, MARIANO R. 1330 W. 46 ST., #22 HIALEAH FL 33012

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.

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CARLES, SONIA STELLA
STREET ADDRESS	9813 W. OKEECHOBEE RD., #102
CITY-ST-ZIP	HIALEAH GARDENS FL 33016
TITLE	VT
NAME	CARLES, MARIANO R.
STREET ADDRESS	1330 W. 46 ST., #22
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	DS
NAME	CARLES, SONIA S
STREET ADDRESS	11752 SW 15 ST
CITY-ST-ZIP	MIAMI FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/5/2000 (954) 796-1706
Date Daytime Phone #

CR2E034 (9/99)