

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90114 016 ***158.75

0039185 AV

DOCUMENT # L35863

1. Entity Name
CARIMAR DISTRIBUTORS, INC.



Principal Place of Business
**770 SW 8TH STREET
MIAMI FL 33130**

Mailing Address
**770 SW 8TH STREET
MIAMI FL 33130**



2. Principal Place of Business
2004 SW 142 AVE

3. Mailing Address
2004 SW 142 AVE

Suite, Apt. #, etc. **—**

Suite, Apt. #, etc. **—**

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0165790

Applied For
☐ Not Applicable

Zip
33175

Country
USA

Zip
33175

Country
USA

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

**AGUDO, MARCELO M ESQ.
501 BRICKLE KEY DR
MIAMI FL 33130**

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 reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department 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 **P PERA, MARIA** ☐ Delete
STREET ADDRESS **770 SW 8TH STREET**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE
NAME **MARIA PERA** ☒ Change ☐ Addition
STREET ADDRESS **2004 SW 142 AVE**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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: **MARIA PERA** REQUIRED

9-3-03 (301) 551-8172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment

80144535
L35863

CARIMAR DISTRIBUTORS INC.

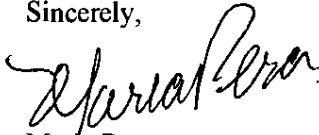
2804 SW 142 Ave.
Miami, FL 33175
305-551-8172
Email: Peraa@bellsouth.net

September 3, 2003

To Whom It May Concern:

Please excuse our late filing, however we did not receive the prior notice. We sold our business and never received the first form at our new address. The corrections of our address and phones have been made on the UBR form. We wish to apologize for any inconvenience this may have caused.

Sincerely,


Maria Pera
President