2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91175 043 ***150.00

DOCUMENT # L 60095

1. Entity Name
NISH DISTRIBUTERS, INC.

Principal Place of Business
298 NE 62 ST
MIAMI, FL 33138

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7911 BISCAYNE BLVD.
Suite, Apt. #, etc
SUITE # 3
City & State
MIAMI, FL
Zip 33138 Country USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
650180613
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SANON REYNALD
140 SW 96 TERR # 307
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name RAMON DE COLIS
Street Address (P.O. Box Number is Not Acceptable)
7911 BISCAYNE BLVD SUITE 3
City MIAMI FL Zip Code 33138

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 Ramon DeColis 04/25/01
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE PSD NAME RAMON DE COLIS STREET ADDRESS 7911 BISCAYNE BLVD SUITE 3 CITY-ST-ZIP MIAMI, FL 33138		☐ Delete		☐ Change ☐ Addition
TITLE VPTD NAME FRANK OTUS STREET ADDRESS 7911 BISCAYNE BLVD. SUITE 3 CITY-ST-ZIP MIAMI, FL 33138		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Ramon DeColis PRESIDENT 04/25/01 305-769-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR