

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M20825

1. Entity Name

S & A DISTRIBUTORS OF MIAMI, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90075 022 ***158.75

Principal Place of Business

Mailing Address

1800 NW 94 STREET
MIAMI FL 33172

C/O IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DR., SUITE 507
MIAMI FL 33131-2652
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2579171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, IVAN A PA
601 BRICKELL KEY DR
SUITE 507
MIAMI FL 33131

Name
IAG CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive

507

City
Miami

FL

Zip Code
33131

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 By: *Ivan A. Gomez*
Signature typed or printed name of registered agent and title if applicable
IVAN A. GOMEZ, President

4/14/00
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 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 DPT ☐ Delete
NAME SAMOUR, GEORGE
STREET ADDRESS 1800 NW 94 AVE
CITY-ST-ZIP MIAMI FL 33172

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

TITLE D ☐ Delete
NAME ATICK, JOE
STREET ADDRESS 1800 NW 94 STREET
CITY-ST-ZIP MIAMI FL 33172

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

TITLE DCVP ☐ Delete
NAME SAMOUR, ANTON
STREET ADDRESS 1800 NW 94 STREET
CITY-ST-ZIP MIAMI FL 33172

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

TITLE D ☐ Delete
NAME ATICK, THEODORA
STREET ADDRESS 1800 NW 94 AVE
CITY-ST-ZIP MIAMI FL 33172

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-2000 305-599-8555

CR2E034 (9/99)