

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M37211

FILED  
Jan 17, 2002 8:00 AM  
Secretary of State

**Entity Name:** ADOLFO HOUSE DISTRIBUTING CORP.

**Current Principal Place of Business:**

3655 NW 71ST ST  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

3655 NW 71ST ST  
MIAMI, FL 33147 US

**New Mailing Address:**

**FEI Number:** 59-2755460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, ALDOLFO JR  
2880 HICKORY RD  
NORTH MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PEREZ, ADOLFO,  
Address: 3655 NW 71ST ST  
City-St-Zip: MIAMI, FL

Title: VSD ( ) Delete  
Name: PEREZ, ADA,  
Address: 3655 NW 71ST ST  
City-St-Zip: MIAMI, FL

Title: VM ( ) Delete  
Name: PEREZ, ADOLFO, JR,  
Address: 12880 HICKORY RD  
City-St-Zip: NORTH MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ADOLFO PEREZ

PTD

01/17/2002

Electronic Signature of Signing Officer or Director

Date