

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90082 032 \*\*\*150.00

DOCUMENT # P00000003399

1. Entity Name

J &amp; R DISTRIBUTOR ENTERPRISES, INC.

Principal Place of Business

1420 GEMINI BLVD., #9  
ORLANDO FL 32837

Mailing Address

1420 GEMINI BLVD., #9  
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

P.O. Box 772324

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Orlando, FLA

4. FEI Number

59-3623073

Applied For

Not Applicable

Zip

Country

Zip

Country

32837

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

HERNANDEZ, LLADIRA D

507 PORTLAND CIR.

APOPKA FL 32703

P.O. Box 772324 Orlando FL 32837

Name

Street Address (P.O. Box Number is Not Acceptable)

13051 BROADFIELD CIR.

City

Orlando

FL

Zip Code

32837

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

(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, 2002 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 ☐ Delete  
 NAME D  
 STREET ADDRESS HERNANDEZ, LLADIRA  
 CITY-ST-ZIP 507 PORTLAND CIR.  
 APOPKA FL 32703

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS AGUERO, RAMON A JR.  
 CITY-ST-ZIP 507 PORTLAND CIR.  
 APOPKA FL 32703

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS AGUERO, JUAN S  
 CITY-ST-ZIP 507 PORTLAND CIR.  
 APOPKA FL 32703

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 #

CR2E034 (9/01)