

2002

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020820

1. Entity Name

MBF GROUP DISTRIBUTORS, INC.

APPROVED
AND
FILED

02 APR 16 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6996 NW 42nd St
Miami FL 33166

Mailing Address

9900 Stirling Rd
Suite 211
Cooper City FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

9900 Stirling Rd.
Suite, Apt. #, etc.
211

City & State

City & State

Cooper City FL

Zip

Country

Zip

Country

33024

4. FEI Number

65-1024285

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

FERNANDO SILVA

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

9900 Stirling Rd.

Suite 211

City

Cooper City

FL

Zip Code

33024

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/02/02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MIGUEL BADILLO	
STREET ADDRESS	6996 NW 42 ST	
CITY-ST-ZIP	Miami FL 33166	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400005554164--9	
STREET ADDRESS	-05/16/02--01018--013	
CITY-ST-ZIP	****300.00 ****300.00	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BENJAMIN FARFAN	
STREET ADDRESS	6996 NW 42 ST	
CITY-ST-ZIP	Miami FL 33166	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN FARFAN	
STREET ADDRESS	6996 NW 42 ST	
CITY-ST-ZIP	Miami FL 33166	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ARLANDO FARFAN-FARFAN	
STREET ADDRESS	6996 NW 42 ST	
CITY-ST-ZIP	Miami FL 33166	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMANDO FARFAN	
STREET ADDRESS	6996 NW 42 ST	
CITY-ST-ZIP	Miami FL 33166	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEDRO MOSICA	
STREET ADDRESS	6996 NW 42 ST	
CITY-ST-ZIP	Miami FL 33166	

TITLE	TREAS/SEC/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDIA CASTANEDA	
STREET ADDRESS	6996 NW 42 ST	
CITY-ST-ZIP	Miami FL 33166	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Benjamin Farfan

4/02/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment

Doc. # P00000020820

April 2nd, 2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee FL 32302-1500

Ref.: MBF GROUP DISTRIBUTORS, INC.
Document # P00000020820

Dear Sir or Madam:

We did not received by mail the renewal form of the corporation above reference for the year 2001 and the current 2002.

You will find attached a photocopy of the renewal form and check for \$300.00 to renewal the years 2001 and 2002. We would like to bring our company updated as soon as possible.

Thank you in advance for your help on this matter.

Sincerely,


BENJAMIN FARFAN
President