

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000021365**1. Entity Name
MIAMI BAY DISTRIBUTORS, CORP.Principal Place of Business
1006 BAY DRIVE, SUITE 708
MIAMI FL 33141
Mailing Address
1006 BAY DRIVE, SUITE 708
MIAMI FL 331412. Principal Place of Business
12941 NW 2ND ST
3. Mailing Address
12941 NW 2ND STSuite, Apt. #, etc.
#1-309
Suite, Apt. #, etc.
1-309City & State
PEMBROKE PINES FL
City & State
PEMBROKE PINES FLZip
33028
Country
US
Zip
33028
Country4. FEI Number
Applied For
☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSINISTERRA JORGE A
8215 S.W. 152ND AVE., #307

MIAMI FL 33193 US

7. Name and Address of New Registered AgentName
SINISTERRA JORGE AStreet Address (P.O. Box Number is Not Acceptable)
12941 NW 2ND ST

1-309

City
PEMBROKE PINES FL
Zip Code
33028

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 _____ 04/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME VD BAUTISTA CAMILO A ☐ Delete
STREET ADDRESS
8215 S.W. 152ND AVE., #307
CITY-ST-ZIP
MIAMI FL 33193TITLE
NAME PD SINISTERRA JORGE A ☐ Delete
STREET ADDRESS
8215 S.W. 152ND AVE., #307
CITY-ST-ZIP
MIAMI FL 33193TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME VD MANZANARES PATRICIA ☒ Change ☐ Addition
STREET ADDRESS
12941 NW 2ND AVE # 1-309
CITY-ST-ZIP
PEMBROKE PINES FL 33028TITLE
NAME PD SINISTERRA JORGE A ☒ Change ☐ Addition
STREET ADDRESS
12941 NW 2ND ST #1-309
CITY-ST-ZIP
PEMBROKE PINES FL 33028TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: SINISTERRA JORGE A

PD 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)