

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-10-2002 90055 016 ***150.00

DOCUMENT # **P00000021365**

1. Entity Name

MIAMI BAY DISTRIBUTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MIAMI BAY DISTRIBUTORS

3. Mailing Address

12301 SW 11TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

4. FEI Number

65-0986126

Applied For

Not Applicable

Zip

33025

Country

BROWARD

Zip

33025

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **GEORGE SINISTERRA**

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

12301 SW 1 ST

City **PEMBROKE PINES**

FL

Zip Code
33026

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1; Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GEORGE SINISTERRA
12301 SW 11 ST
PEMBROKE PINES, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
ADRIANA GONZALEZ
12301 SW 11TH ST
PEMBROKE PINES, FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-02

Date

Daytime Phone #

954-538-0149