

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

col 2

FILED

02 AUG 21 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100007662941--8
-09/11/02--01046--002
****300.00 ****150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000036859
1. Entity Name
P & F DISTRIBUTION SYSTEM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1139 NW 22 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1139 NW 22 AVENUE
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33125
Country
US

City & State
MIAMI, FL
Zip
33125
Country
US

4. FEI Number
65-0998802
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FERNANDO FLORES
Street Address (P.O. Box Number is Not Acceptable)
7024 SW 38 COURT
City
MIRAMAR FL Zip Code
33023

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 *X* _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	(P) FERNANDO FLORES 7024 SW 38 COURT MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>H/S</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
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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 officers empowered.

SIGNATURE: *X* *Flores* **FERNANDO FLORES** Date 08/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORES & FOOD CORP .
DOC. P01000061987
P&F DISTRIBUTION SYSTEM, INC.
DOC. P00000036859

Next

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

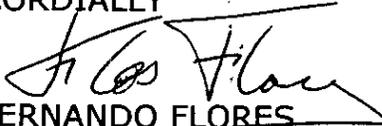
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY


FERNANDO FLORES
PRESIDENT