

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am  
Secretary of State

03-02-2001 90060 040 \*\*\*150.00

DOCUMENT # P00000048337

1. Entity Name

ECUA VALLEY DISTRIBUTORS, INC.

Principal Place of Business

14612 S.W. 172ND LANE  
MIAMI FL 33177

Mailing Address

14612 S.W. 172ND LANE  
MIAMI FL 33177

2. Principal Place of Business

7001 N WATERWAY DR.

3. Mailing Address

7001 N WATERWAY DR.

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1016909

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33155

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMAN, CESAR M  
14612 S.W. 172ND LANE  
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

MARIO CORDOVEZ

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

13164 SW 142 ST

City

MIAMI

FL

Zip Code

33186

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

02-26-01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ARIAS, EDGAR	
STREET ADDRESS	14612 S.W. 172ND LANE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	CORDOVEZ, MARIO	
STREET ADDRESS	14612 S.W. 172ND LANE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ARIAS, MARIA A	
STREET ADDRESS	14612 S.W. 172ND LANE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROMAN, CESAR M	
STREET ADDRESS	14612 S.W. 172ND LANE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOVEZ, MARIO	
STREET ADDRESS	13164 SW 142 ST	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, EDGAR	
STREET ADDRESS	13164 SW 142 ST	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, MARIA A	
STREET ADDRESS	13164 SW 142 ST	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-01

Date

Daytime Phone #

CR2E034 (10/00)