

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90084 035 ***150.00

DOCUMENT # P00000048337

1. Entity Name
ECUA VALLEY DISTRIBUTORS, INC.

Principal Place of Business

**7001 N WATERWAY DR
 SUITE 105
 MIAMI FL 33155**

Mailing Address

**7001 N WATERWAY DR
 SUITE 105
 MIAMI FL 33155**

2. Principal Place of Business

12271 SW 129th CT

Suite, Apt. #, etc.

3. Mailing Address

12271 SW 129th CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1016909

Applied For

Not Applicable

Zip

33186

Country

DADE

Zip

33186

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORDOVAZ, MARIO
 13164 SW 142 ST
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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** ☒ Delete
 NAME **CORDOVEZ, MARIO**
 STREET ADDRESS **13164 SW 142 ST**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VD** ☒ Delete
 NAME **ARIAS, EDGAR**
 STREET ADDRESS **13164 SW 142 ST**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **STD** ☒ Delete
 NAME **ARIAS, MARIA A**
 STREET ADDRESS **13164 SW 142 ST**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Delete
 NAME **Roman, Cesar M.**
 STREET ADDRESS **14612 SW 172 Lane**
 CITY-ST-ZIP **Miami, FL 33177**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02

CR2E034 (9/01)