

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055183

1. Entity Name

SOUTH DADE DISTRIBUTOR, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90215 027 ***150.00

0122484 AI

Principal Place of Business

P.O. BOX 940186
 MIAMI FL 33194-0186

Mailing Address

P.O. BOX 940186
 MIAMI FL 33194-0186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1015668

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINOSA, JUAN M
 9043 S.W. 6TH STREET
 MIAMI FL 33174

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PTD
 QUINTERO, LUIS
 11944 SW 10TH TERRACE
 MIAMI FL 33184

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SVD
 QUINTERO, MARIA V
 11944 SW 10TH TERRACE
 MIAMI FL 33184

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PTD
 QUINTERO LUIS
 P.O BOX 940186
 MIAMI FL 33194-0186

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Luis Quintero

Date

8-19-02

Daytime Phone #

CR2E034 (4/02)

Attachment

P00005518

677123

August 19, 2002

Division of Corporations
Uniforms Business Reports Filing
P.O. Box 1500
Tallahassee, FL. 32302-1500

South Dade Distributors, Inc.

~~FEL.#65-1015668~~

Doc

P.O. Box 940186

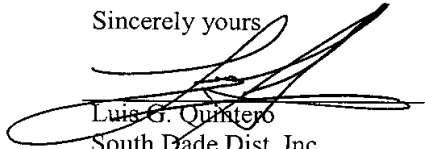
Miami, FL. 33194-0186

Dear Sirs;

I'm writing in concern with a second request received for our yearly Uniform Business Report Doc#00000055183. On the first week of January 2002 we mailed a check number 1475 for the filling fee of \$150.00, see copy of checkstub. As of today the bank states the check has not been cash. Enclosed we are sending another check for the amount require. Please if possible can the additional fees be waived. The original check was from our account with Ocean Bank in Miami, F. Account Number20201146.

We will greatly appreciate any assistance you can give us in this matter.

Sincerely yours


Luis G. Quintero
South Dade Dist. Inc.