

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

0122484 AI

DOCUMENT # **P00000055183**

1. Entity Name  
**SOUTH DADE DISTRIBUTOR, INC.**

08-25-2002 90215 027 \*\*\*150.00

Principal Place of Business P.O. BOX 940186 MIAMI FL 33194-0186	Mailing Address P.O. BOX 940186 MIAMI FL 33194-0186
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1015668</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ESPINOSA, JUAN M</b> <b>9043 S.W. 6TH STREET</b> <b>MIAMI FL 33174</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>QUINTERO, LUIS</b> <b>11944 SW 10TH TERRACE</b> <b>MIAMI FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>QUINTERO LUIS</b> <b>P.O. BOX 940186</b> <b>MIAMI FL 33194-0186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>QUINTERO, MARIA V</b> <b>11944 SW 10TH TERRACE</b> <b>MIAMI FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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** *Luis Quintero* **8-19-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

P000055183

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

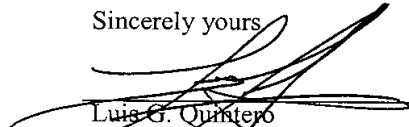
Miami, FL. 33194-0186

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.