

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90016 050 ***550.00

DOCUMENT # P00000059955

1. Entity Name

NINE DISTRIBUTION, INC.

Principal Place of Business

**9350 SOUTH DIXIE HWY PH2
 MIAMI, FLORIDA 33156**

Mailing Address

**9350 SOUTH DIXIE HWY PH2
 MIAMI, FLORIDA 33156**

2. Principal Place of Business

6555 SW 36TH STREET

Suite, Apt. #, etc.

#316

City & State

MIAMI, FLORIDA

Zip
33166

Country

USA

3. Mailing Address

6555 SW 36TH STREET

Suite, Apt. #, etc.

#316

City & State

MIAMI, FLORIDA

Zip
33166

Country

USA

4. FEI Number

65-1020547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0071001

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A. ESQ.

C/O ROTH, ROUSSO & BENJAMIN, P.A.

9350 SOUTH DIXIE HWY. PH2

MIAMI, FLORIDA 33156

7. Name and Address of New Registered Agent

Name

DIANELLA SINISCALCO

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

15743 SW 102 Lane

City

Miami

FL

Zip Code
33196

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 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, 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 **DPT** ☐ Delete

NAME **DIANELLA SINISCALCO**

STREET ADDRESS **3200 COLLINS AVE. # 15**

CITY-ST-ZIP **MIAMI BEACH, FL. 33140**

TITLE **DVS** ☒ Delete

NAME **JORGELINA PAIRA**

STREET ADDRESS **3200 COLLINS AVE. #15**

CITY-ST-ZIP **MIAMI BEACH, FL. 33140**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **DPT** ☒ Change ☐ Addition

NAME **DIANELLA SINISCALCO**

STREET ADDRESS **15743 SW 102 LANE**

CITY-ST-ZIP **MIAMI, FLORIDA 33196**

TITLE **S** ☐ Change ☒ Addition

NAME **IVAN VELAZQUEZ**

STREET ADDRESS **15743 SW 102 LANE**

CITY-ST-ZIP **MIAMI, FLORIDA 33196**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Date

Signature Printed

CR2E034 (11/00)