

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90238 002 \*\*\*150.00

**DOCUMENT #** P00000059955

**1. Entity Name**

NINE DISTRIBUTION INC. ✓

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

10556 NW 26TH ST

**3. Mailing Address**

Suite, Apt. #, etc.

SUITE # D101A

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

**4. FEI Number**

65-1020547

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current 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 renaming)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

DPT  
DIANELLA SINISCALCO  
15743 SW 102 LANE  
MIAMI, FL 33196

TITLE  
NAME  
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANELLA SINISCALCO

4-29-02

Date

305-436-6615

Daytime Phone #

CR2E034B (12/01)