

2001 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P000000 73 908

1. Entity Name
General Sales Distributors Corporation

FILED

01 MAY 15 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8035 S.W. 15th
Miami, FL 33144

Mailing Address

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-1038789
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JACOBO VILLAR
8035 S.W. 15th
Miami FL 33144

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: JACOBO VILLAR 5-11-2001 (786) 683-5808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2062

GENERAL SALES DISTRIBUTORS CORPORATION
P.O. BOX 856 MIAMI, FL. 33144

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

MAY 7, 2001

RE: DOCUMENT NUMBER P00000073908

DEAR: GENTLEMENT:

ON SEPTEMBER 20, 2000 I CHANGED MY ADDRESS TO P.O. BOX 856, DUE TO MARITAL PROBLEMS THAT I WAS HAVING I NEVER RECEIVED THE ANNUAL CORPORATION REPORT THAT WAS PROBABLY SENT TO MY OLD ADDRESS. I WAS ALSO CONFRONTING MEDICAL PROBLEMS BECAUSE I AM DISABLED.

I RESPECTFULLY REQUEST A CONSIDERATION FROM YOU TO ACCEPT THIS CORPORATION ANNUAL REPORT.

ATTACHED ARE COPIES OF MY DOCTOR, THE BILL FROM THE PRINTING COMPANY, MY DISABILITY CARD FROM MEDICARE ALONG WITH MY VERY DEEPLY SORRY, BUT BESIDES THAT THAT THE FORM WAS NEVER GIVEN TO ME, I DID NOT KNOW THAT YOU HAVE TO FILL A EVERY YEAR, A VALIDATION FEE FOR THE CORPORATION.

PLEASE SEE IF YOU CAN HELP ME ON THIS MATTER. TYHANKING YOU IN ADVANCE.

YOURS VERY TRULY



JACOBO VILLAR
PRESIDENT