FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000077074

1. Entity Name

SGS Distributors, Inc.

FILED

03 APR 14 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7480 SW 164th Court	7480 SW 164th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33193 Country: USA	Zip: 33193 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1032906 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Randee S. Schatz

Street Address (P.O. Box Number is Not Acceptable): 220 Sunrise Ave., Ste. 209

City: Palm Beach **FL** Zip Code: 33480

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: Randee Schatz 4/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **-$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P, S, T, D NAME: Cesar Alberto Flores Salazar STREET ADDRESS: 7480 SW 164th Ct. CITY-ST-ZIP: Miami, Florida 33193	600015762266 04/11/03--01071--004 **150.00
TITLE: NAME: STREET ADDRESS: * THE ADDRESS IS 7480 SW 164TH COURT CITY-ST-ZIP: MIAMI FLORIDA 33193	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/3/03 305-383-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #