

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90132 011 ***158.75

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DOCUMENT # P00000079657

1. Entity Name
DIDI DISTRIBUTORS, INC.

Principal Place of Business
2640 28TH STREET N
ST PETERSBURG FL 33713

Mailing Address
2640 28TH STREET N
ST PETERSBURG FL 33713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
23735 SW 133RD AVE.
 Suite, Apt. #, etc.

3. Mailing Address
23735 SW 133RD AVE.
 Suite, Apt. #, etc.

City & State
PRINCETON, FL
 Zip
33032
 Country
U.S.A.

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PRINCETON, FL
 Zip
33032
 Country
U.S.A.

4. FEI Number
59-3671213

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, ASHISH R
2640 28TH STREET N
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name **PATEL, ASHISH R.**
 Street Address (P.O. Box Number is Not Acceptable)
23735 SW 133RD AVE.
 City **PRINCETON** FL Zip Code **33032**

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: **DIRECTOR**
 Signature, typed or printed name of registered agent and title if applicable.

DATE **3/13/02**

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D PATEL, ASHISH R 2640 28TH STREET N ST PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, DINESHKUMAR 2640 28TH STREET N ST PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	D/P/T PATEL, ASHISH R. 23735 SW 133RD AVE. PRINCETON, FL 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/NP/S PATEL, DINESHKUMAR 23735 SW 133RD AVE. PRINCETON, FL 33032	<input checked="" type="checkbox"/> Change <input 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
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

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: **3/13/02 (305) 258-0229**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)