

2002

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90370 009 \*\*\*158.75

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

DOCUMENT # P00000082084

1. Entity Name

DIRECT DISTRIBUTION, INC.

752292

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1717 N. BAYSHORE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite 3452

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

MIAMI FL

City &amp; State

4. FEJ Number

65-106 0167

Applied For

Not Applicable

Zip

33132

Country

Miami-Dade

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

7. Name and Address of Current Registered Agent

Name ZENOO CAPITAL INC.

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

1717 N. Bayshore Drive, Suite 3452

City MIAMI

FL

Zip Code

33132

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

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 PD  
 NAME THEUERMEISTER, WOLF  
 STREET ADDRESS 1717 N. BAYSHORE DRIVE, 3452  
 CITY-ST-ZIP MIAMI, FL 33132

 TITLE T  
 NAME BAUMGARTNER, HEIDRUN  
 STREET ADDRESS 1717 N. BAYSHORE DRIVE 3452  
 CITY-ST-ZIP MIAMI, FL 33132

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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)(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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WOLF THEUERMEISTER

03/19/2002

305-3720706

CR2E034B (12/01)