

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095700

1. Entity Name
DISTRIBUIDORA PRIMACO C.A. CORPORATION

Principal Place of Business

7348 SW 82 ST #C217
MIAMI FL 33143

Mailing Address

7348 SW 82 ST #C217
MIAMI FL 33143

2. Principal Place of Business

2788 SW 137 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2788 SW 137 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33175

Country

DADE

Zip

33175

Country

DADE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOMAR, JOSEPH
17439 NW 66 COURT
MIAMI FL 33015**

Name

Andres F. Lastre

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

13911 SW 112 STREET

City

MIAMI

FL

Zip Code

33186

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 **Andres F. Lastre**

02-14-01

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) ☒

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **OBAYL TAHAN, ANTONIO JORGE**
STREET ADDRESS **7348 SW 82 ST #C217**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-2001

(305)223-9555

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE