

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90099 013 ***150.00

DOCUMENT # P00000112141	
1. Entity Name DADE NORTH DISTRIBUTORS, INC.	

Principal Place of Business 4970 NORTHWEST 190 STREET CAROL CITY FL 33055	Mailing Address 4970 NORTHWEST 190 STREET CAROL CITY FL 33055
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2. Principal Place of Business 251 S.W. 132 WAY Suite, Apt. #, etc. #207 City & State Pembroke Pines FL.	3. Mailing Address 251 S.W. 132 WAY Suite, Apt. #, etc. #207 City & State Pembroke Pines FL.
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☐ CHECK HERE IF MAKING CHANGES

Zip 33027	Country U.S.A.	Zip 33027	Country U.S.A.
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4. FEI Number 65-1068050	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIAZ, TERESA 4970 NORTHWEST 190 STREET CAROL CITY FL 33055

7. Name and Address of New Registered Agent Name TERESA DIAZ Street Address (P.O. Box Number is Not Acceptable) 251 S.W. 132 WAY #207 City Pembroke Pines FL Zip Code 33027

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, TERESA 4970 NORTHWEST 190 STREET CAROL CITY FL 33055 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERESA DIAZ 251 S.W. 132 WAY #207 Pembroke Pines FL. 33027 <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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-24-03 Daytime Phone #: 954 438 7855

CR2E034 (10/02)