

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90221 045 ***150.00

0305731 AV

DOCUMENT # **P01000000517**

1. Entity Name

RACHELL DISTRIBUTION CO.



Principal Place of Business
11473 NW 34TH ST.
MIAMI FL 33178-1831

Mailing Address
11473 NW 34TH ST.
MIAMI FL 33178-1831



2. Principal Place of Business

3750 N.W. 114 Ave.

3. Mailing Address

3750 N.W. 114 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #2

Unit #2

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33178

Country

USA.

Zip

33178

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1065401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERSTEIN, WILLIAM
GERSTEIN & GERSTEIN ET AL.
1300 NORTH FEDERAL HIGHWAY SUITE 203
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **Humberto S. Fernandez**
Street Address (P.O. Box Number is Not Acceptable)
11300 Heron Bay Blvd # 2123
City **Coral Springs** FL Zip Code **33076**

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

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

(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 **DPST** ☐ Delete
NAME **FERNANDEZ PAZ, HUMBERTO JOSE**
STREET ADDRESS **6721 NW 107 COURT**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **Fernandez Paz Humberto Jose**
STREET ADDRESS **11300 Heron Bay Blvd # 2123**
CITY-ST-ZIP **Coral Springs, FL 33076**

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

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

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

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

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

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

04-23-03

Date

786-5476454

Daytime Phone #

CR2E034 (10/02)