

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

DOCUMENT # P01000004240

1. Entity Name

SIDARTHA DISTRIBUTORS, CORP

FILED

02 NOV 25 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1814 NE MIAMI GARDENS DR

3. Mailing Address

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH FL

City & State

4. FEI Number

65-1067285

Applied For

Not Applicable

Zip

33179

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MACEDO, CESAR A

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

1814 NE MIAMI GARDENS DR

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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

Cesar Augusto Macedo

11/15/02

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D.
MACEDO, CESAR A
1814 NE MIAMI GARDENS DR
NORTH MIAMI BEACH, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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600009200036
11/25/02--01011--018 **150.00

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IN THIS SPACE**

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:

Cesar Augusto Macedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/02

DATE

Daytime Phone #

CR2E034B (12/01)

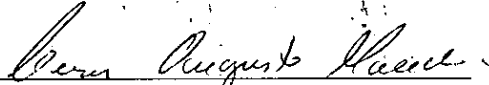
2012

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **SIDARTHA DISTRIBUTORS, CORP.**

Thank you for your courtesy in this matter.


CESAR AUGUSTO MACEDO
PRESIDENT