

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

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

04-28-2003 91300 032 ***150.00

DOCUMENT # *P01000004710*

1. Entity Name

Y & D DISTRIBUTING, CORP.



DO NOT WRITE IN THIS SPACE

11024069

2. Principal Place of Business

14740 SW 172 ST

Suite, Apt. #, etc.

3. Mailing Address

14740 SW 172 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

Applied For

Not Applicable

Zip

33187

Country

Zip

33187

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LIBERTY BUSINESS SERVICES, INC.

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

8204 NW 103RD STREET

City

HIALEAH GARDENS

FL

Zip Code

33018

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

4-23-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *P, D*
NAME *JESUS BARQUIN*
STREET ADDRESS *14740 SW 172 STREET*
CITY-ST-ZIP *MIAMI FL 33187*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *S, D*
NAME *GLORIA BARQUIN*
STREET ADDRESS *14740 SW 172 STREET*
CITY-ST-ZIP *MIAMI FL 33187*

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

Daytime Phone #

CR2E034B (12/02)