FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR -4 PM 3:06

DOCUMENT # P01000020751

1. Entity Name

Carrillo's Distribution Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9950 Sheridan Street	SAME
Suite, Apt. #, etc.: 108	Suite, Apt. #, etc.
City & State: Pembroke Pines, Florida	City & State
Zip: 33024 Country: US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1086386 ☐ Applied For ☐ Not Applicable

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: Paola Carrillo

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

9950 Sheridan Street Suite 108

City: Miami **FL** Zip Code: 33024

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 _____ 02/12/2003
Signature required when reinstating (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May1 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 NAME STREET ADDRESS CITY-ST-ZIP	Paola Carrillo - President 9950 Sheridan Street Suite 108 Pembroke Pines, FL, 33024
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CR2E034B (12/02)

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: _____ 02/12/2003 954-8542438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

February 12, 2003

Division of Corporations
PO BOX 6478
Tallahassee, FL, 32314

Dear Sirs,

The following note is to request your consideration regarding to the Uniform Business Report of Carrillo's Distribution Services, Inc under document P01000020751 which was not presented on time, because the UBR Report was not received by the corporation. Please find enclosed a check for $150 to comply with the filing fee.

Thanks in advance for the cooperation regarding this matter.

Best Regards,

Paola Carrillo
Carrillo's Distribution Services, Inc
President