

**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
9950 Sheridan Street

Suite, Apt. #, etc.
.108

City & State
Pembroke Pines, Florida

Zip
33024

Country
US

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-1086386

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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.

02/12/2003

SIGNATURE

Signature of registered agent or limited name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Paola Carrillo - President
9950 Sheridan Street Suite 108
Pembroke Pines, FL, 33024

TITLE
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STREET ADDRESS
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

02/12/2003

Date

954-8542438

Daytime Phone

CR2E034B (12/02)

February 12, 2003

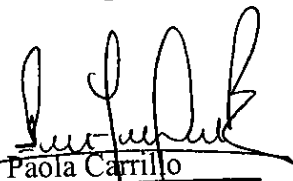
Division of Corporations
PO BOX 6478
Tallahassee, FL, 32314

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