

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90161 030 \*\*\*150.00

**DOCUMENT # P01000026641**

1. Entity Name  
**MIRAMAR DISTRIBUTOR INC.**

Principal Place of Business      Mailing Address  
**480 LA VILLA DR.**                      **480 LA VILLA DR.**  
**MIAMI SPRINGS FL 3166**              **MIAMI SPRINGS FL 3166**



2. Principal Place of Business      3. Mailing Address  
**12800 LE JUNE ROAD**              **12800 LE JUNE ROAD**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**OPA LOOKA, FL.**                      **OPA LOOKA, FL**                      **65-108 2890**                       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33054**                                           **33054**                                                                 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**BUZON, VICTOR M**                      Name **NILEET GARCIA**  
**480 LA VILLA DR.**                      Street Address (P.O. Box Number is Not Acceptable) **8101 BYRON AVE. Apt. 309**  
**MIAMI SPRINGS FL 3166**                      City **MIAMI BEACH**      FL      Zip Code **33141**

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: *[Signature]*      **NILEET GARCIA**      DATE: **3/29/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**      10. Election Campaign Financing Trust Fund Contribution.  **\$5.00-May Be Added to Fees**  
(See criteria on back)      **After May 1, 2002 Fee will be \$550.00**      **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD BUZON, VICTOR M 480 LA VILLA DR. MIAMI SPRINGS FL 3166</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NILEET GARCIA 8101 BYRON AVE DR. 309 MIAMI BEACH FL 33141</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD DELGADO, MARIO G 800 S.W. 104 CT., APT. 205 MIAMI FL 33174</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **NILEET GARCIA**      DATE: **3/29/02**      DAYTIME PHONE #: **(305) 687-7734**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)