

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000058590**

1. Entity Name

**TOP AMERICAN DISTRIBUTORS
INC.**



FILED

03 MAY 14 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**145 MADEIRA AVE
Suite, Apt. #, etc.
203**

3. Mailing Address

**145 MADEIRA AVE
Suite, Apt. #, etc.
203**

DO NOT WRITE IN THIS SPACE

City & State

COREL CABLES FL

City & State

COREL CABLES

4. FEI Number

05-1112251

Applied For

Not Applicable

Zip

33134

Country

US

Zip

33134

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAMON AGUIRRE

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

1100 SALZEDO STREET

APT 1-A

City

COREL CABLES

FL

Zip Code

33134

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/03

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 **DP**
NAME **RAMON AGUIRRE**
STREET ADDRESS **1100 SALZEDO STREET APT 1-A**
CITY-ST-ZIP **COREL CABLES FL 33134**

TITLE **VP**
NAME **SARAH EL ASHUB**
STREET ADDRESS **3642 SW 14TH TERR**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
300018939473
05/14/03 01050 002 *150.00**

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**DO NOT WRITE
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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/03

Daytime Phone #

CR2E034B (12/02)