

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90054 043 ***150.00

DOCUMENT # P01000064938

1. Entity Name

RENO DISTRIBUTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6042 WAUCONDA WAY EAST

Suite, Apt. #, etc.

3. Mailing Address

6042 WAUCONDA WAY EAST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FLORIDA

City & State
LAKE WORTH, FLORIDA

4. FEI Number
65-1149390

Applied For
Not Applicable

Zip
33463

Country
USA

Zip
33463

Country
USA

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

LUZ TOVAR

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

6042 WAUCONDA WAY EAST

City

LAKE WORTH

FL

Zip Code
33463

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
EVER AUGUSTO H. GALLEGO
6042 WAUCONDA WAY EAST
LAKE WORTH, FL 33463

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
ARIELA RODRIGUEZ TAPIERO
6042 WAUCONDA WAY EAST
LAKE WORTH, FL 33463

TITLE
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STREET ADDRESS
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IN THIS SPACE**

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

EVER AUGUSTO HERNANDEZ GALLEGO, PRES.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02