

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 008 ***150.00

DOCUMENT # P01000069204

1. Entity Name
U.S. 1 DISTRIBUTORS, INC.



Principal Place of Business

920 E. ATLANTIC BLVD
POMPANO BEACH FL 33060

Mailing Address

920 E. ATLANTIC BLVD
POMPANO BEACH FL 33060

2. Principal Place of Business

900 E. ATLANTIC BLVD

3. Mailing Address

900 E. ATLANTIC BLVD

Suite, Apt. #, etc.

STE 17

Suite, Apt. #, etc.

STE 17

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33060

Country

USA

Zip

33060

Country

USA

4. FEI Number

65-1121533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

STUPARTIZ, ALAN D

900 E. ATLANTIC BLVD.

SUITE 17

POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Alan Stupartz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 PD
NAME LOAYZA, ADDYS
STREET ADDRESS 920 E. ATLANTIC BLVD
CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete

TITLE STD
NAME GUERRA, OSWALDO
STREET ADDRESS 920 E. ATLANTIC BLVD
CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 553 Penta Ct ☒ Change ☐ Addition
NAME
STREET ADDRESS Weston FL 33327
CITY-ST-ZIP

TITLE 553 Penta Ct ☒ Change ☐ Addition
NAME
STREET ADDRESS Weston FL 33327
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

Date

19547835030

Daytime Phone #

CR2E034 (10/02)