

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90339 036 ***158.75

DOCUMENT # P01000070279

1. Entity Name

TILA-FLA DISTRIBUTORS, INC.

Principal Place of Business

**9264 SW GRAND CANAL DRIVE
 MIAMI FL 33174**

Mailing Address

**9264 SW GRAND CANAL DRIVE
 MIAMI FL 33174**

2. Principal Place of Business

3. Mailing Address

P.O. Box 523213

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

4. FEI Number

65-1122382

Applied For

Not Applicable

Zip

Country

Zip

Country

33152-3213

MIAMI-DADE

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, MANUEL A

9264 SW GRAND CANAL DRIVE

MIAMI FL 33174

7. Name and Address of New Registered Agent

Name **CARMEN J. ALFONSO**

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

9264 SW GRAND CANAL DRIVE

City **MIAMI**

FL

Zip Code **33174**

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

Carmen Alfonso (**CARMEN J. ALFONSO**)

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

(NOTE: Registered Agent signature required when reinstating)

4-30-02
 DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 RODRIGUEZ, MANUEL A
 9264 SW GRAND CANAL DRIVE
 MIAMI FL 33174**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**15 VP
 CARMEN J. ALFONSO
 9264 SW GRAND CANAL DRIVE
 MIAMI, FL 33174**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ 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:

Carmen Alfonso (**CARMEN J. ALFONSO**)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

786-271-5515

Daytime Phone #

CR2E034 (9/01)