

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

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

05-05-2003 91454 011 ***150.00

DOCUMENT # P01000078944

1. Entity Name

N & O DISTRIBUTORS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2760 W 84th Street Bay 9

3. Mailing Address

2760 W 84th Street

Suite, Apt. #, etc.

Bay 9

Suite, Apt. #, etc.

Bay # 9

City & State

Hialeah, Fl.

City & State

Hialeah, Fl.

4. FEI Number

65-1129916

Applied For

Not Applicable

Zip

33016

Country

U S

Zip

33016

Country

U S

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Zulaeima N, de Goncalves

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

143330 SW 33 Ct.

City

Miramar

FL

Zip Code

33027

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

(NOTE: Registered Agent signature required when retreating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
Zulaeima N de Goncalves
14330 SW 33 Ct.
Miramar, Fl. 33027

TITLE
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CITY - ST - ZIP

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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: X

Zulaeima N de Goncalves

5/29/2003

305-818-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 29 2003

CR2E034B (12/02)