2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91844 024 ***150.00

030560 AV

DOCUMENT # P01000112355

1. Entity Name
W & H Distribution Inc.

Principal Place of Business
6940 NW 186 Street
#116
Miami Lakes, FL 33015

Mailing Address
16940 NW 186 ST
#116
Miami, FL 33015

2. Principal Place of Business
1095 W 77 ST
Suite, Apt. #, etc. 105
City & State Hialeah, FL
Zip 33014 Country

3. Mailing Address
1095 W 77 ST
Suite, Apt. #, etc. 105
City & State Hialeah, FL
Zip 33014 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1155765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
William E. Henriquez
1095 W 77 ST # 105
Miami Lakes, FL 33014

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	President	☐ Delete
NAME	William Henriquez	
STREET ADDRESS	1095 W. 77 ST. #105	
CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	Vice President	☐ Delete
NAME	HARvey Pinzon	
STREET ADDRESS	6940 NW 186 St # 116	
CITY-ST-ZIP	Miami Lakes, FL 33015	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 William Henriquez