

FILED
May 24, 2002 8:00 am
Secretary of State

04-08-2002 90213 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114276

1. Entity Name

AMA NATURAL WATER DISTRIBUTORS, INC.

Principal Place of Business

12876 SW 60TH TERRACE
MIAMI FL 33183

Mailing Address

12876 SW 60TH TERRACE
MIAMI FL 33183

2. Principal Place of Business

AMA Natural Waters Dist Inc

3. Mailing Address

2520 W 78th St

Suite, Apt. #, etc.

Bay #2

Suite, Apt. #, etc.

Bay #2

City & State

Hialeah FL

City & State

Hialeah FL 33016

Zip

Country

Dade

Zip

33016

Country

4. FEI Number

01-0554032
~~73-08-523612-80-7~~

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTOLONGO, VICENTE A
12876 SW 60TH TERRACE
MIAMI FL 33183

Name

Vicente A Sotolongo

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

2520 W 78th St Bay #2

H

City

Hialeah FL

FL

Zip Code

33016

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

Vicente A Sotolongo

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

(NOTE: Registered Agent signature required when reinstating)

3-27-02

DATE

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

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.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, VICENTE A	
STREET ADDRESS	12876 SW 60TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, MARITZA	
STREET ADDRESS	12876 SW 60TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sotolongo Vicente A	
STREET ADDRESS	2520 W 78th St Bay #2	
CITY-ST-ZIP	Hialeah FL 33016	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sotolongo Maritza	
STREET ADDRESS	2520 W 78th St Bay #2	
CITY-ST-ZIP	Hialeah FL 33016	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberto Sotolongo	
STREET ADDRESS	2520 W 78th St Bay #2	
CITY-ST-ZIP	Hialeah FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Vicente A Sotolongo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

Daytime Phone #

CR2034 (9/01)