

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 14, 2003 8:00 am
Secretary of State

03-28-2003 90076 039 ***158.75

DOCUMENT # P02000043488

1. Entity Name
PRISA DISTRIBUTION INC.



Principal Place of Business:

**3911 JOG ROAD
GREENACRES FL 33467**

Mailing Address

**3911 JOG ROAD
GREENACRES FL 33467**

2. Principal Place of Business

5605 Channel Drive

3. Mailing Address

5605 Channel Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenacres, FL

City & State

Greenacres, FL

4. FEI Number

02-0622231

Applied For

Not Applicable

Zip

Country

33463 USA

Zip

Country

33463 USA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**JCHPA REGISTERED AGENTS INC.
2730 SW 3 AVENUE
SUITE 401
MIAMI FL 33129**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **PSTD** ☐ Delete
NAME **SALVADO, CARLOS**
STREET ADDRESS **CALLE ARISMENDI, RES. ISLA VERDE, APTO. 5B**
CITY-ST-ZIP **LECHERIA AN**

TITLE **VD** ☐ Delete
NAME **SALVADO, PRIMAVERA**
STREET ADDRESS **CALLE ARISMENDI, RES. ISLA VERDE, APTO. 5B**
CITY-ST-ZIP **LECHERIA AN**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

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:

3/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-4391492

Date

Daytime Phone

CR2E034 (10/02)