

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000055151

FILED
Jan 14, 2003
Secretary of State

Entity Name: AZAHAR DISTRIBUTOR, INC.

Current Principal Place of Business:

18646 NW 53 AVE
MIAMI, FL 33055

New Principal Place of Business:

5844 W 20 AVE
HIALEAH, FL 33016

Current Mailing Address:

18646 NW 53 AVE
MIAMI, FL 33055

New Mailing Address:

5844 W 20 AVE
HIALEAH, FL 33016

FEI Number: 02-0604932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMONA, NORA
18646 NW 53 AVE
MIAMI, FL 33055

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESCOBAR, ETELBERTO
Address: 2433 CENTER GATE DR APT
City-St-Zip: MIRAMAR, FL 33025

Title: SD () Delete
Name: CARMONA, NORA
Address: 18646 NW 53 AVE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ESCOBAR, ETELBERTO
Address: 2496 CENTER GATE DR APT 102
City-St-Zip: MIRAMAR, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ETELBERTO ESCOBAR

PD

01/14/2003

Electronic Signature of Signing Officer or Director

_____ Date