

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90255 013 ***158.75

DOCUMENT # P02000056801

1. Entity Name

OGG Distributors, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3351 NW 107 ST

Suite, Apt. #, etc.

3. Mailing Address

3351 NW 107 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

41-2044076

Applied For

☐ Not Applicable

Zip

33167

Country

USA

Zip

33167

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Griselda M. Sao

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

11057 SW 8 ST

City Pembroke Pines

FL

Zip Code
33025

**DO NOT WRITE
IN THIS SPACE**

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

Griselda M. Sao

Griselda M. Sao

4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

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	President Griselda M. Sao 11057 SW 8 ST # 303 Pembroke Pines, FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Onniel Garcia 11057 SW 8 ST # 303 Pembroke Pines, FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Christian P. Sao 11057 SW 8 ST # 303 Pembroke Pines, FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:

Griselda M. Sao

Griselda M. Sao

4/29/03

786-256-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)