

83

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

FILED

03 MAY 27 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062602

1. Entity Name

KARIOCA'S DISTRIBUTOR, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

631 NW 45 Ave

Suite, Apt. #, etc.

3. Mailing Address

631 NW 45 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

33-1013241

Applied For

Not Applicable

Zip
33126

Country
USA

Zip
33126

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Orestes Nodarse

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

631 NW 45 Ave

City Miami

FL

Zip Code
33126

**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

Orestes Nodarse

5/19/03

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

(NOTE: Registered Agent signature required when reinstalling)

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

Orestes Nodarse - President
631 NW 45 Ave
Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200019872862
05/27/03--01042--009 **150.00

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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:

Orestes Nodarse

5/19/03

3054417912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7/5/29