

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90180 004 ***150.00

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1. Entity Name

AMERICOL DISTRIBUTOR, INC.



Principal Place of Business

791 N. PINE ISLAND RD.

#302

PLANTATION FL 33324

Mailing Address

791 N. PINE ISLAND RD.

#302

PLANTATION FL 33324



2. Principal Place of Business

8337 Boca Rio Drive

3. Mailing Address

8337 Boca Rio Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Boca Raton Florida

City & State

Boca Raton Florida

4. FEI Number

11-3643408

Applied For

Not Applicable

Zip

33433

Country

U.S.A. Palm Beach

Zip

33433

Country

USA Palm Beach count

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, FLOR M

791 N. PINE ISLAND RD.

#302

PLANTATION FL 33324

Name

Flor M. Martinez

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

8337 Boca Rio Drive

City

Boca Raton

FL

Zip Code

33433

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 Flor M. Martinez President.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

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 **P** ☐ Delete
NAME **MARTINEZ, FLOR M**
STREET ADDRESS **791 N. PINE ISLAND RD. #302**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **V** ☐ Delete
NAME **APONTE, CAROLINA**
STREET ADDRESS **791 N. PINE ISLAND RD. #302**
CITY-ST-ZIP **PLANTATION FL 33324**

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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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Flor M. Martinez Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

(954) 682-9261

Daytime Phone #

CR2E034 (10/02)