

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000096378

1. Entity Name
PRO-AM DISTRIBUTORS, INC.



07-17-2003 90033 034 ***150.00
FILE P02000096378
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 29 AM 10:36

Principal Place of Business
18521 NW 82 CT
MIAMI FL 33015

Mailing Address
18521 NW 82 CT
MIAMI FL 33015



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0481256

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALERON, MICHAEL
18521 NW 82 CT.
MIAMI FL 33015

Name

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

City

FL

Zip Code

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

Michael Valeron

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

(NOTE: Registered Agent signature required when reinstating)

7-11-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	VALERON, MICHAEL	
STREET ADDRESS	18521 NW 82 CT.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALERON, MARIA	
STREET ADDRESS	18521 NW 82 CT.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03

Date

(786) 223-0857

Daytime Phone #

CR2E034 (4/03)

**PRO AM
DISTRIBUTORS**

email: proamdist@bellsouth.net

7-29-03

att: Andy Dunkley

fax (850) 245-6017

July 11, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

REF: Document Number: P02000096378

Dear Sirs:

Attached please find our company's first Annual Uniform Business Report.
Please note that this is the first time we file and this is the first form we have received. Based on this information, we are hereby requesting that the late fee be waived, per the information in the Frequently Asked Questions Section of the form.

Thank you and best regards,

Maria J. Valeron

Maria J. Valeron
Vice President