

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

DOCUMENT # P020000130748

1. Entity Name

WESTPORT DISTRIBUTOR, INC



FILED

03 JUL 31 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

757 SE 17 STREET

Suite, Apt. #, etc.

407

City & State

FORTLAUDERDALE, FL

Zip

33316

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

55-0812201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

03

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

EMILIO J. GARCIA

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

757 SE 17 STREET

City

FORTLAUDERDALE

FL

Zip Code

33316

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

Emilio Garcia

07/08/2003

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

(NOTE: Registered Agent signature required when resigning)

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 **PRESIDENT**
NAME **EMILIO J. GARCIA**
STREET ADDRESS **757 SE 17 STREET/#407**
CITY-STATE-ZIP **FORTLAUDERDALE, FL 33316**

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200022295972
08/14/03--01002--017 **150.00

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IN THIS SPACE**

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:

Emilio Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/2003

Date

Daytime Phone #

CR2E034B (12/02)

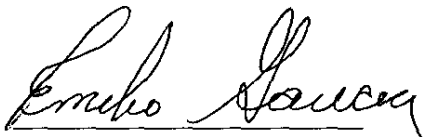
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

Since January 2003 we moved to 757 SE 17 ST-Miami, Fl 33316 and we did not receive the U.B.R. for the years 2003, or any other notice from the Division of Corporations in respect with the Corporation **WESTPORT DISTRIBUTOR, INC.**

Thank you for your courtesy in this matter.



EMILIO J. GARCIA
PRESIDENT