## **2003 FOR PROFIT CORPORATION**

P02000132388

## UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

DOCUMENT #

TEAM PENAS DISTRIBUTORS INC.

**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91407 012 \*\*\*150.00

TEAM LIVAS DISTRIBUTORS, INC.											
Principal Place of Business 19440 BELVIEW DRIVE MIAMI FL 33157		19440	Mailing Address 19440 BELVIEW DRIVE MIAMI FL 33157								
2. Principal Place of Business		3. Mailing Address					1 1001100F 111 001F0 11811 08111 00111 08		ilita ir <b>og</b> iredi	10101 1016 1006	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FE		FEI Number 43-198789	 3		Applied For Not Applicable	
Zip Country		Zip	Zip Coun		ntry 5.				\$8.75 Add	ditional	1
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
		Name									
PENAS, JO			Street			ress (P.O. Box Number is Not Acceptable)					1
19440 BELVIEW DRIVE MIAMI FL 33157											1
INITAINIT	33137				City		<del></del>	FL	Zip Cod	e	1
	named entity submits this statement for ions of registered agent.	r the purp	oose of changing its rep	gistered	office or register	red ag	ent, or both, in the State of Florida		amiliar with,	and accept	1
_	one or registered agont.										
SIGNATURE .	Signature, typed or printed name of registered agent	and title if ap	olicable. (NOTE: Re	egistered A	Agent signature required	d when re	einstating)	DATE			1
-:. ¥	ILE NOW!!! FEE IS \$150.00				•						1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department							9. Election Campaign Finance Trust Fund Contribution.	ing [	] Added	00 May Be d to Fees	
10.	OFFICERS AND	DIRECTO	)RS	11.		AD	DDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	j_
TITLE	PD §		☐ Delete TITL NAM						☐ Change	☐ Addition	(10/02)
NAME STREET ADDRESS	PENAS, JÓSE S 19440 BELVIEW DRIVE				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33157				T-ZIP						E034
TITLE	STD		☐ Delete TI						Change	Addition	200
NAME	PENAS, YARLILI			NAME							1
STREET ADDRESS CITY-ST-ZIP	19440 BELVIEW DRIVE			STREET CITY-S	ADDRESS						
TITLE	MIAMI FL 33157		□ Delete		1-217				☐ Change	☐ Addition	+
NAME			Delete	TITLE NAME					Onlings		
"STREET ADDRESS"				STREET	ADDRESS		<u> </u>				╁
CITY-ST-ZIP				CITY-S	T-ZIP						4
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NAME STREET ADDRESS				NAME STREET	ADDRESS						1
CITY-ST-ZIP				CITY-S	i						ļ
TITLE	☐ Delete		TITLE	<u> </u>				☐ Change	Addition	1	
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STREET ADDRESS CITY-ST-ZIP					ADDRESS T-7IP						
	□ n-t		☐ Delete	CITY-ST-ZIP TITLE					☐ Change	Addition	1
TITLE NAME			□ Delete	NAME					change	roution	
STREET ADDRESS				STREET	ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP						-
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I hereby certify that the information supplied with this filling 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 peport 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 true five 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 a different properties.

SIGNATURE:

305-969-1667