

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)2004

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90053 046 ***150.00

DOCUMENT # P03000149649

1. Entity Name

CENTRAL CARIBBEAN DISTRIBUTOR INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 606

City & State

CORAL GABLES, FL

Zip

33134

Country

3. Mailing Address

901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 606

City & State

CORAL GABLES, FL

Zip

33134

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

54068955

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CESAR J. GONZALEZ

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

9805 NW 52ND STREET

SUITE 518

City

MIAMI

FL

Zip Code
33178

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

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

(NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT GONZALEZ, CESAR J. 901 PONCE DE LEON BLVD. STE 606 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT GONZALEZ, JOSE V 901 PONCE DE LEON BLVD. STE 606 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY GONZALEZ, CESAR 901 PONCE DE LEON BLVD. STE 606 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
Doc # 003000149649
54068955-

Central Caribbean Distributor Inc.
901 Ponce de Leon Blvd.
Suite 606
Coral Gables, FL 33134

August 9, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd. Suite 606 Coral Gables, FL 33134. Accordingly we did not receive the Uniform Business Report for the year 2004. Attached please find a check for \$150.00 for the filing fees. We have subsequently hired a competent accountant that can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis.

We respectfully request that you abate the penalties for filing late. Thank you in advance for your prompt attention with this matter.

Sincerely,

Cesar J. Gonzalez
President

