10: From: Spiegel & Utrera

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90062 018 ***158.75

DOCUMENT # P04000046580

1. Entity Name
MIAMI WHOLESALE DISTRIBUTORS, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13021 SW. 119 ST		SAME	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State: MIAMI		City & State	
Zip: 33186	Country: DADE	Zip	Country

4. FEI Number: 56-2487517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor
City: Miami FL Zip Code: 33145

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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	ESPERANZA SALAZAR	NAME	
STREET ADDRESS	7201 MIAMI LAKEWAY S.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL. 33014	CITY-ST-ZIP	
TITLE	M	TITLE	
NAME	ISSA G. SABA	NAME	
STREET ADDRESS	13021 SW 119 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33186	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Esperanza Salazar 4-12-2005 305-382-6397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #