2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P93000049972 J.L.G. GENERAL DISTRIBUTORS, INC. 03-14-2000 90080 050 ***150.00 Mailing Address Principal Place of Business 510 W. 66TH STREET 510 W. 66TH STREET HIALEAH FL 33012 HIALEAH FL 33012-6667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0424430 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, JORGE L Street Address (P.O. Box Number is Not Acceptable) 510 W. 66TH STREET HIALEAH FL 33012 Zip Code City Fì 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 Signature, typed or printed name of registered age and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangit 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE Change ☐ Delete TITLE GONZALEZ, JORGE L AMAIA NAME STREET ADDRESS STREET ADDRESS 510 W. 66TH ST. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Addition ☐ Change TITLE ☐ D∈lete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 | 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 Block 12 if

SIGNATURE: PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

with all pther like empowered.

changed, or on an attachment with an address

Daytime Phone #