

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000074490****1. Entity Name**  
**UNION DISTRIBUTORS OF U.S.A., INC.****FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90243 050 \*\*\*158.00

**Principal Place of Business**  
**7166 N.W. 50TH STREET #B**  
**MIAMI FL 33166****Mailing Address**  
**7166 N.W. 50TH STREET #B**  
**MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **65-0445622**Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ALFONSO, ABEL**  
**14273 S.W. 24TH ST.**  
**MIAMI FL 33175**

Name

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

City

**FL**

Zip Code

**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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input type="checkbox"/> Delete
NAME	ARROCHA, FIDEL E	
STREET ADDRESS	3882 S.W. 89TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ, LINDA L	
STREET ADDRESS	3882 S.W. 89TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ALFONSO, ABEL	
STREET ADDRESS	14273 SW 24 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARROCHA, VIVIAN	
STREET ADDRESS	14273 SW 24 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARROCHA, RENE	
STREET ADDRESS	14273 SW 24 ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	CARBONELL, MIRTHA L	
STREET ADDRESS	1921 S.W. 83 AVE	
CITY-ST-ZIP	MIAMI FL 32155	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)