## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P93000074490

MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

ALFONSO, ABEL

14273 S.W. 24TH ST. **MIAMI FL 33175** 

City & State

Zio

. Entity Name JNION DISTRIBUTORS OF U.S.A., INC.		
Principal Place of Business	Mailing Address	

MIAMI FL 33166

3. Mailing Address

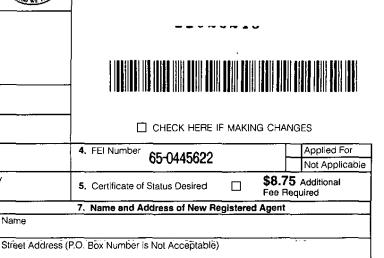
City & State

Zip

Suite, Apt. #, etc.

**FILED** Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90009 006 \*\*\*150.00



DATE

8.	. The above named entity submits this statement for the purpose of changing its registered office of	r registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	-	

City

Country

SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Addition Delete AROCHA, FIDEL E NAME NAME 3882 S.W. 89TH AVE. STREET ADDRÉSS STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP CITY-ST-7IP :> TITLE ☐ Delete TITLE Change Addition GONZALEZ, LINDA L NAME NAME STREET ADDRESS 3882 S.W. 89TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME alfonso, abel NAME STREET ADDRESS 7166 N.W. 50TH STREET, WAREHOUSE B STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP **PCEO** TITLE ☐ Delete □ Change Addition AROCHA, EDEL NAME NAME STREET ADDRESS 7166 N.W. 50TH STREET, WAREHOUSE B STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Delete ☐ Change Addition AROCHA, RENE NAME STREET ADDRESS 14273 SW 24 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.