

UNIFORM BUSINESS REPORT (UBR)

4/14

FILED
May 18, 2000 8:00 am
Secretary of State

04-14-2000 90115 047 ***150.00

DOCUMENT # P94000059203

1. Entity Name
SARAH DISTRIBUTORS, INC.

Principal Place of Business 13800 S.W. 8TH STREET SUITE 370 MIAMI FL 33184	Mailing Address 13800 S.W. 8TH STREET SUITE 370 MIAMI FL 33184-3032
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0512833		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent SILVIA ZALDIVAR, MINERVA A 4269 NW 12TH ST MIAMI FL 33120				7. Name and Address of New Registered Agent Name: SILVIA ZALDIVAR Street Address (P.O. Box Number is Not Acceptable): 10216 SW 21ST Terrace City: MIAMI FL Zip Code: 33161			
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	SILVIA ZALDIVAR, MINERVA A	<input type="checkbox"/> Delete	TITLE	P	ZALDIVAR, SILVIA A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		4269 N.W. 12TH ST		STREET ADDRESS		10216 SW 21ST Terrace	
CITY-ST-ZIP		MIAMI FL		CITY-ST-ZIP		MIAMI FL 33161	
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Silvia A. Zaldivar* **04/05/00** (305)-221-3342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)