

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90068 035 ***150.00

0153657

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f. Entity Name

BOB'S DISTRIBUTORS, INC.

Principal Place of Business

**4430 SW 10TH ST.
MIAMI FL 33134**

Mailing Address

**4430 SW 10TH ST.
MIAMI FL 33134**

2. Principal Place of Business

5190 SW 4st

3. Mailing Address

5190 SW 4st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mia, FL

City & State

MIA, FL

Zip

33134

Country

DADE

Zip

33134

Country

DADE

4. FEI Number

65-0564701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TSIMOGIANNIS, JOHNNY C
6441 SW 21 ST
WEST MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

JOHNNY TSIMOGIANNIS

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

110 Ponce de Leon Blvd

Suite 210

City

Coral Gables

FL

Zip Code

33134

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

TITLE **DPT** ☐ Delete
NAME **ACOSTA, ROBERTO**
STREET ADDRESS **4430 SW 10TH ST.**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **DS** ☒ Delete
NAME **ACOSTA, BIBIANA**
STREET ADDRESS **4430 SW 10TH ST.**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5190 SW 4th Street**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)