

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0619362

DOCUMENT # P95000025507

03-05-2001 90007 021 ***150.00

1. Entity Name
MAYRA VIDE-PEREZ CONSULTING & DISTRIBUTING CORP.

Principal Place of Business Mailing Address
8121 SW 35TH TERRACES 8121 SW 35TH TERRACES
MIAMI FL 33155 MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0647837** Applied For
 Not Applicable

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

RODRIGUEZ, RAFAEL E JR
9360 SW 72ND ST #287
MIAMI FL 33173

Name **Christine DiFiore, CPA, PA**
 Street Address (P.O. Box Number is Not Acceptable)
8220 State Road B4
Ste 200
 City **Davie** FL Zip Code **33324**

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

Christine D. Fiore

1/23/01

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	VIDE-PEREZ, MAYRA		
8121 SW 35TH TERRACES	8121 SW 35TH TERRACES		
MIAMI FL 33155	MIAMI FL 33155		
VD	PEREZ, JULIAN		
8121 SW 35TH TERRACES	8121 SW 35TH TERRACES		
MIAMI FL 33155	MIAMI FL 33155		

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: *X Mayra V Perez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-28-01 **305 264-3990**
 Date Daytime Phone #

CR2E034 (10/00)