

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037243

1. Entity Name

VASSALLO DISTRIBUTION CENTER, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90070 001 \*\*\*158.75

Principal Place of Business

Mailing Address

HWY. 60. WEST AND SCL RAILROAD  
LAKE WALES FL 33853

PO BOX 473  
COTO LAUREL PR 00780-0473  
US

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

65-0666002

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

QUINTANA, ZORAIDA  
HWY. 60, WEST AND SCL RAILROAD  
LAKE WALES FL 33853

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, 2000 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 NAME	PD VASSALLO, SALVADOR	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	URB E MOTNE E-30 PONCE PR 00731		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	TD VASSALLO, DAISY	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	URB EL MONTE A #4 PONCE PR 00731		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	DS VASSALLO, FELIX V.	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	URB EL MONTE A #4 PONCE PR 00731		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	VD PENA, JOSE M.	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	4206 SPRIN WAY CIR VALRICO FL 00731		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP			STREET ADDRESS CITY-ST-ZIP	

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 contained 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: **FELIX V. VASSALLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2000

Date

(787) 848-1515

Daytime Phone #