

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P96000063071

1. Entity Name
GENERIC DISTRIBUTORS CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 24 AM 9:34

Principal Place of Business

12234 S.W. 130 ST.
MIAMI FL 33186
US

Mailing Address

P.O. BOX 160672
MIAMI FL 33116
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 65-0687781

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

CHAVECO, MAIDA E
15004 SW 144 PL.
MIAMI FL 33186

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS CHAVECO, MAIDA E
CITY-ST-ZIP 15004 SW 144 PL.
MIAMI FL 33186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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.

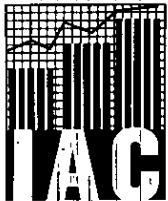
SIGNATURE:

Maida Chaveco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President.

7/15/00
Date

(305) 226-1464
Daytime Phone

CR2E034 (500)



**International
Accounting
Consultants Inc.**

June 26, 2000

Florida Department of State
Division of Corporations
c/o Uniform Business Report Fillings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Reference : **2000 UBR for Generic Distributors Corp., Document #P96000063071.**

Dear Sir(s),

Our firm prepares the taxes, financial statements and related business documentation for the above-mentioned corporation which includes the annual report.

This year our offices were robbed and some of the documents were lost and (or) stolen. Unfortunately, the UBR 2000 for Generic Distributors was one of those documents missing. The confusion has caused the client to file late. If you search through Generic Distributor's records, you'll find the company always files on time. Due to these unforeseen circumstances of which my client is not at fault, I respectfully request the penalty be waived. I have attached the regular filling fee and give my sincerest apology.

Thank you,

A handwritten signature in dark ink, appearing to read 'Richard F. Toro', is written over a horizontal line.

Richard F. Toro
President