

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90163 002 ***150.00

DOCUMENT # P96000074558

1. Entity Name
UP CLOSE DISTRIBUTORS, INC.



Principal Place of Business
4410 W 16 AVE
5-133
HIALEAH FL 33012
US

Mailing Address
4410 W 16 AVE
5-133
HIALEAH FL 33012
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0694506**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

VALEA, ALEX
6197 W 26 ST
HIALEAH FL 33016

Name **Alex Valea**
Street Address (P.O. Box Number is Not Acceptable)
4410 W 16th Ave #5-133
City **Hialeah** FL Zip Code **33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alex Valea*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/30/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **VALEA, ALEJANDRO A**
STREET ADDRESS **6197 WEST 26 COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **PD** ☒ Change ☐ Addition
NAME **VALEA Alejandro A.**
STREET ADDRESS **6917 Holly Road**
CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE **STD** ☐ Delete
NAME **VALEA, ALICIA C**
STREET ADDRESS **6197 WEST 26 COURT**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **STD** ☒ Change ☐ Addition
NAME **VALEA Alicia C.**
STREET ADDRESS **6917 Holly Road**
CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alex Valea*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)