

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93619 001 \*\*\*\*\*8.75  
 05-29-2002 93619 002 \*\*\*150.00

**DOCUMENT # P96000097312**

1. Entity Name  
**FLORIDALAND DISTRIBUTORS INTERNATIONAL INC..**

Principal Place of Business  
**13825 SW 88ST  
 SUITE 206 PMB  
 MIAMI FL 33186**

Mailing Address  
**P.O. BOX 16-5011  
 MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **NOT APPLICABLE**

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

**COX, H. F.  
 13825 SW 88ST  
 SUITE 206 PMB  
 MIAMI FL 33186**

Name  
**ATTORNEY MARTIN WERNER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13825 S. W. 88 STREET**  
**MIAMI, FLORIDA**  
 City **FL** Zip Code **33186**

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   
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**July 10, 2002**  
 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, 2002 Fee 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 **PTD** ☐ Delete  
 NAME **COX, H F**  
 STREET ADDRESS **13825 SW 88ST #206 PMB**  
 CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **SD** ☐ Delete  
 NAME **HIRE-MILLER, SHARON O**  
 STREET ADDRESS **13825 SW 88ST #206 PMB**  
 CITY-ST-ZIP **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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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE:

 **FRANK COX PRES.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
380779

attachment

DATE: JULY 11, 2002

ATTENTION: ANNUAL REPORTS SECTION  
FLORIDA DEPARTMENT OF STATE

RE: FLORIDALAND DISTRIBUTORS INTERNATIONAL INC.  
REFERENCE #: P96000097312

CORRECTIVE ACTION: REGRETABLELY ATTORNEY WERNER WAS UNAVAILABLE IN MIAMI  
UNTIL JULY 10 and THE POSTMARK DATE ON YOUR ENVELOPE IS  
JUNE 19, EVEN THOUGH YOUR LETTER IS DATED JUNE 5, 2002.

Thank you,

H.FRANK COX

Attachment



38979

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

June 5, 2002

FLORIDALAND DISTRIBUTORS INTERNATIONAL INC..  
P.O. BOX 16-5011  
MIAMI, FL 33186

Subject: **FLORIDALAND DISTRIBUTORS INTERNATIONAL INC..**

Reference Number: **P96000097312**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RG

ANNUAL REPORTS SECTION