

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -5 AM 8:34

DOCUMENT # P96000097312

1. Entity Name
FLORIDALAND DISTRIBUTORS INTERNATIONAL INC.



Principal Place of Business
~~10025 SW 8001~~ 13876 S.W. 56 STREET
~~MIAMI FL 33186~~ Miami, Florida 33186

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



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

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

ATTORNEY MARTIN WERNER

~~10025 SW 8001~~

~~MIAMI FL 33186~~

MIAMI FL 33186

Name ATTORNEY MARTIN WERNER

Street Address (P.O. Box Number is Not Acceptable)

13876 S.W. 56 STREET #302

City MIAMI

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)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
COX, H F
~~10025 SW 8001~~
MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COX, H. F.
13876 S.W. 56 STREET
MIAMI FLA. 33186 #302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HIRE-MILLER, SHARON O
~~10025 SW 8001~~
MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HIRE-MILLER, SHARON O.
13876 S.W. 56 STREET #302
MIAMI, FLORIDA 33186

TITLE
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TITLE
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 2003
Date

Daytime Phone #

CR2E034 (10/02)