2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # P97000019302 Mar 23, 2000 8:00 am **Secretary of State** A TO Z DISTRIBUTORS, INC. 03-23-2000 90003 016 ***150.00 Mailing Address Principal Place of Business 8272 N.W. 68TH STREET 8272 N.W. 68TH STREET MIAMI FL 33166-2759 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Busines 8336 NW 68 ST. 8336 NW 68 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State FL 65-0801259 MIAMI Not Applicable MIANI Country \$8.75 Additional Zip' ^{Zip} 331*66* 5. Certificate of Status Desired 3166 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DURVALT MELO. DE MELO, DURVAL T Street Address (P.O. Box Number is Not Acceptable) 8272 NW 68TH STREET MIAMI FL 33166 Zip Code 33 | 66 IMAIM 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. DE ME LO "PRESIDENT FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, 6 Addition TITLE Delete TITLE DE MELO, DURVAL Y DE MELO, DURVAL T MALAF NAME 8336 NW 68 51. 8272 NW 68TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-7IP MIAM! FL 33166 Change Addition TITLE ☐ Delete TITLE DE MELO, RONALD DE MELO, RONALDO NAME NAME 8336 NW 68 ST. STREET ADDRESS STREET ADDRESS 8272 NW 68TH STREET MIAMI FL 33166 CITY-ST-7IP CITY-ST-7IP MIAMI FL 33166 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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