

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000035489

FILED

01 JAN 16 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Dominican Quality Distributors, Inc.

Principal Place of Business Mailing Address
**2980 SW 141 CT.
Miami, FL 33175**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **05-0750626**
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**Manuel A. Remedios
2980 SW 141 CT.
Miami, FL 33175**

7. Name and Address of New Registered Agent
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 *Manuel A. Remedios*
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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P/T/D	<input type="checkbox"/> Delete
NAME	Manuel A. Remedios	
STREET ADDRESS	2980 SW 141 CT.	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	Martene Cros	
STREET ADDRESS	2980 SW 141 CT.	
CITY-ST-ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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******300.00** ~~****300.00~~ Addition

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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: *Manuel A. Remedios*

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DOMINICAN QUALITY DISTRIBUTORS, INC.
DOC.#P97000035489

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

Manuel A. Remedios
CORDIALLY
MANUEL A. REMEDIOS
PRESIDENT