2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058598

MISTRETTA DISTRIBUTOR, INC.

Principal Place of Business 1505 SW 20TH AVE. FT. LAUDERDALE FL 33312

2. Principal Place of Business

MISTRETTA, MICHAEL

9. This corporation is eligible to satisfy its Intangible

MISTRETTA, MICHAEL

FT. LAUDERDALE FL 33312

1505 SW 20TH AVE.

Tax filing requirement and elects to do so.

(See criteria on back)

PSTD

1505 SW 20TH AVE. FT. LAUDERDALE FL 33312

2520 SI

Suite, Apt. #, etc

City & State

-0*R*7

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIF

Mailing Address

4

Name and Address of Current Registered Agent-

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

OFFICERS AND DIRECTORS

1505 SW 20TH AVE. FT. LAUDERDALE FL 33312

3. Mailing Address

City & State

350003

City

FILE NOW!!! FEE IS \$150.00

12.

TITLE

NAME STREET ADDRESS

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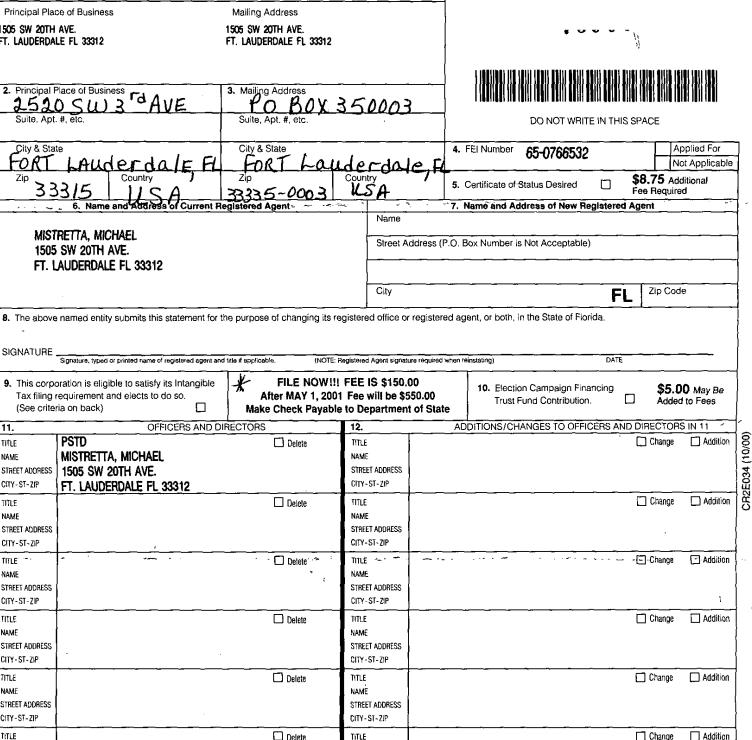
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FILED Apr 06, 2001 8:00 am Secretary of State

04-06-2001 90065 001 ***150.00



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 empoy

AND TYPED OR PRINTED NAM