

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98 000008422  
Entity Name SANTOR DISTRIBUTORS, INC.

FILED  
Apr 14, 2000 8:00 am  
Secretary of State  
04-14-2000 90129 044 \*\*\*150.00

Principal Place of Business 1622 West 33 Place  
Hialeah, FL 33012

C0061807

Principal Place of Business 1622 W. 33 Place  
Suite, Apt. #, etc. 1622 W. 33 Place

DO NOT WRITE IN THIS SPACE

City & State Hialeah FL  
Zip 33012 Country U.S.A

4. FEI Number 65 08 10 950  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Rogue J. Torres  
9065 N.W. 147 Terr.  
Miami, FL 33012

7. Name and Address of New Registered Agent  
Name Rogue J. Torres  
Street Address (P.O. Box Number is Not Acceptable) 9065 NW 147 Terr.  
City Miami FL Zip Code 33012

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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		
TITLE	NAME	<input type="checkbox"/> Delete
ROGUE J. TORRES	9065 NW 147 Terr	
STREET ADDRESS	MIAMI, FL 33012	
CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Delete
VICE PRESIDENT	SANDRA OSORNO	
STREET ADDRESS	1800 W. 54th #110	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	NAME	<input checked="" type="checkbox"/> Delete
SECRETARY	SANDRA OSORNO	
STREET ADDRESS	1800 W. 54th #110	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	NAME	<input type="checkbox"/> Delete
TITLE	NAME	<input type="checkbox"/> Delete
TITLE	NAME	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS	
	CITY-ST-ZIP	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENTE	NANCY TORRES	
STREET ADDRESS	9065 N.W. 147 TERR.	
CITY-ST-ZIP	MIAMI, FL 33012	
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY	NANCY TORRES	
STREET ADDRESS	9065 N.W. 147 Terr.	
CITY-ST-ZIP	MIAMI, FL 33012	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rogue Torres Date: 4-7-00 Daytime Phone #: 305-825-0069

CR2E034 (9/99)