

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008422

1. Entity Name

SANTOR DISTRIBUTORS, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90005 011 ***150.00

Principal Place of Business

1622 W 33 PL
HIALEAH FL 33012

Mailing Address

1622 W 33 PL
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0810950

Applied For

Not Applicable

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

Name

VEGA EDGAR

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

2243 CORDOBA BEND

City

WESTON

FL

Zip Code

33327

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

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 VPS
NAME TORRES, NANCY ☒ Delete
STREET ADDRESS 9065 NW 171 TERR
CITY-ST-ZIP MIAMI FL 33012

TITLE PRESIDENT
NAME VEGA EDGAR ☐ Change ☒ Addition
STREET ADDRESS 2243 CORDOBA
CITY-ST-ZIP WESTON, FL 33327

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY
NAME LUIS BRICENO ☐ Change ☒ Addition
STREET ADDRESS 4910 SW 29 AV.
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

EDGAR VEGA, President 2/23/00 (305) 625-0069

CR2E034 (10/00)