

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008422

1. Entity Name  
SANTOR DISTRIBUTORS, INC.

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

VEGA, EDWARD  
2243 CORDOBA BEND  
WESTON FL 33327

Name

EDGAR VEGA

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

1622 W 33 PL

City

HIALEAH

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/10/02

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, 2002 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

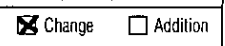
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME EDGAR, VEGA  
STREET ADDRESS 2243 CORDOBA BEND  
CITY-ST-ZIP WESTON FL 33327



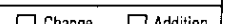
TITLE  
NAME EDGAR VEGA  
STREET ADDRESS 1575 WINTERBERRY LN  
CITY-ST-ZIP WESTON FL 33327



TITLE S  
NAME BRICENO, LUIS  
STREET ADDRESS 4910 SW 29 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



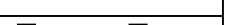
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
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

04/10/02

Date

305 8250069

Daytime Phone #

CR2E034 (9/01)

0122428 AV

FILED  
Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90351 001 \*\*\*\*\*8.75

04-22-2002 90351 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE