

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031179

1. Entity Name

B.I.Z.I. DISTRIBUTOR INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90115 022 \*\*\*150.00

Principal Place of Business

8251 NW 66TH STREET  
MIAMI FL 33166

Mailing Address

1825 PONCE DE LEON  
#421  
CORAL GABLES FL 33134-4418

2. Principal Place of Business

6300 NW 84 AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 667778

Suite, Apt. #, etc.

City & State

MIAMI, FL 33166

City & State

MIAMI, FL 33166

Zip

Country

Zip

Country

4. FEI Number

65-0824875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZABALA, BEATRIZ M  
2901 SW 109 AVE  
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

VIVIAN ZABALA

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

15037 SW 159 CT

City

MIAMI

FL

Zip Code  
33196

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

3/31/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	ZABALA, BEATRIZ M	
STREET ADDRESS	15037 SW 159 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZABALA, VIVIAN	
STREET ADDRESS	15037 SW 159 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Vivian ZABALA

Date

Daytime Phone #

3/31/00 305 486-0484

CR2E034 (9/99)