

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90232 003 ***150.00

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DOCUMENT # P98000093590

1. Entity Name
CCV DISTRIBUTORS, INC.



Principal Place of Business
**2150 NW 70 AVENUE
STE 105
MIAMI FL 33122
US**

Mailing Address
**2150 NW 70 AVENUE
STE 105
MIAMI FL 33122
US**



2. Principal Place of Business
2351 NW 72 AVE

3. Mailing Address
2351 NW 72 AVE

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami - Florida

City & State
Miami - Florida

4. FEI Number
65-0874739

Applied For
☐ Not Applicable

Zip
33122

Country
US

Zip
33122

Country
US

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

**ALVARO CASTILLO B., P.A.
1390 BRICKELL AVE., STE 200
MIAMI FL 33131**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CABRERA, MAURICIO JOSE
2150 NW 70 AVENUE #105
MIAMI FL 33122** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CABRERA, ANA SOFIA
2150 NW 70 AVENUE #105
MIAMI FL 33122** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANA SOFIA CABRERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

305 4635353

Daytime Phone #

CR2E034 (10/02)