

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90338 030 ***150.00

DOCUMENT # P98000101437

1. Entity Name

SMITHFIELD DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

**C/O MIAMI FREE ZONE
2305 NW 107TH AVE.
MIAMI FL 33172**

**C/O MIAMI FREE ZONE
2305 NW 107TH AVE.
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

15 E. SUNRISE AVE.

15 E. SUNRISE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES, FL

4. FEI Number

22-3626857

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

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

**JUDGE, JAMES O
C/O MIAMI FREE ZONE
2305 NW 107TH AVE.
MIAMI FL 33172**

Name

JAMES O. JUDGE

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

15 E. SUNRISE AVE

City

CORAL GABLES

FL

Zip Code

33133

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

2/27/01

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 **D** ☒ Delete
NAME **JUDGE, JAMES O**
STREET ADDRESS **C/O MIAMI FREE ZONE**
CITY-ST-ZIP **MIAMI FL 33172**

☐ Change ☒ Addition
TITLE **JUDGE, URSULA M.**
NAME **15 E. SUNRISE AVE**
STREET ADDRESS **CORAL GABLES, FL 33133**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAKEPEACE, DENNIS**
STREET ADDRESS **C/O MIAMI FREE ZONE**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
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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

2/27/01

Date

305 718-8808

Daytime Phone #

CR2E034 (10/00)