

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009517

1. Entity Name

JOMA, C.A. DISTRIBUTORS, INC.

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90198 031 ***150.00

Principal Place of Business

1 CENTURY LANE
SUITE 506
MIAMI BEACH FL 33139

Mailing Address

1 CENTURY LANE
SUITE 506
MIAMI BEACH FL 33139

016420

2. Principal Place of Business

2781 N.W. 104th CT
Suite, Apt. #, etc.

3. Mailing Address

1679 EAGLE BEND
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

WESTON FL

4. FEI Number

65-0964582

Applied For

Not Applicable

Zip

Country

33172 USA

Zip

Country

33327 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

LEON, FRANK
2781 N.W. 104TH COURT
MIAMI FL 33172

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, 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 PD
NAME REYES, JOSE M
STREET ADDRESS AVENIDA LIBERTAOR, TORRE EX PISO 7
CITY-ST-ZIP CARACAS VENEZUELA

☐ Delete

TITLE PD
NAME REYES JOSE M
STREET ADDRESS 1679 EAGLE BEND
CITY-ST-ZIP WESTON FL 33327

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VICE PRESIDENT
NAME IGOR ARENAS
STREET ADDRESS FINCA CALE UARUM EDIF R2 AUTO
CITY-ST-ZIP LOCAL 12-A BAYENA NORDE CAROLINA VENEZUELA

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

CR2E034 (10/00)