

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027854

1. Entity Name

DISTRIFAL COMPANY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90044 034 ***150.00

Principal Place of Business

Mailing Address

4400 FOX RIDGE DRIVE
WESTON FL 33331

4400 FOX RIDGE DRIVE
WESTON FL 33331-4005

2. Principal Place of Business

10885 NW 50 street

3. Mailing Address

10885 NW 50 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

110

110

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

65-0912274

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

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

LORA, FELIPE A
4400 FOX RIDGE DRIVE
WESTON FL 33331

Name

Lora, Felipe A.

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

10885 NW 50 street

Apt # 110

City

Miami

FL

Zip Code

33178

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LORA, FELIPE A
STREET ADDRESS 4400 FOX RIDGE DRIVE
CITY-ST-ZIP WESTON FL 33331

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

TITLE VD ☐ Delete
NAME SANTANDER, GUSTAVO
STREET ADDRESS 4400 FOX RIDGE DRIVE
CITY-ST-ZIP WESTON-FL 33331

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

TITLE SD ☐ Delete
NAME DURAN, MARGARITA M
STREET ADDRESS 4400 FOX RIDGE DRIVE
CITY-ST-ZIP WESTON FL 33331

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 1.19.07(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 #

04-24-00

305-468-9112

CR2E034 (5/99)