FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90230 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047927

1. Entity Name
Plus Distributor Group, Inc

DO NOT WRITE IN THIS SPACE

24070461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8009 N.W. 36 St.	8009 N.W. 36 ST.
Suite, Apt. #, etc. 215	Suite, Apt. #, etc. 215
City & State Doral, Fl	City & State Doral Fl
Zip 33166 Country	Zip 33166 Country

4. FEI Number 65-0921901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Javier Sandoval
Street Address (P.O. Box Number is Not Acceptable)
8009 N.W. 36 St.
City Doral, Fl. FL Zip Code 33166

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD	TITLE	
NAME	Sandoval, Javier Sr.	NAME	
STREET ADDRESS	8009 N.W. 36 ST.-Ste-215	STREET ADDRESS	
CITY-ST-ZIP	Doral, Fl. 33166	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Vasquez, Carlos E.	NAME	
STREET ADDRESS	8009 N.W. 36 ST.-Ste-215	STREET ADDRESS	
CITY-ST-ZIP	Doral, Fl. 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] PRESIDENT 04-30-04 305-471-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #