

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

May 02, 2000 8:00 am
Secretary of State

02-01-2000 90135 007 ***150.00

DOCUMENT # P99000049175

1. Entity Name

THE EASY WAY DISTRIBUTOR, INC.

Principal Place of Business

4160 WEST 16TH AVENUE
SUITE 402
HIALEAH FL 33012

Mailing Address

4160 WEST 16TH AVENUE
SUITE 402
HIALEAH FL 33012-5853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0933086

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, JUAN E
4160 WEST 16TH AVENUE
SUITE 402
HIALEAH FL 33012

7. Name and Address of New Registered Agent

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 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

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ARANGO, MANUEL A | |
| STREET ADDRESS | 44 ALHAMBRA CIRCL APT. 3 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | ASLAN, LIBERTAD | |
| STREET ADDRESS | 501 N.W. 45TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|---|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | ROBERTO ARANGO | |
| STREET ADDRESS | 752 E. 32 St. | |
| CITY-ST-ZIP | Hialeah, FL 33013 | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | MANUEL A. ARANGO | |
| STREET ADDRESS | 102 Mendoza Ave. | |
| CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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 119.07(3)(f), 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: *Roberto Arango* **1-19-00** **305-3358444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #