2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Mar 11, 2002 8:00 am Secretary of State P99000049175 DOCUMENT # 1. Entity Name 03-11-2002 90010 017 ***150.00 THE EASY WAY DISTRIBUTOR, INC. Principal Place of Business Mailing Address 4160 WEST 16TH AVENUE 4160 WEST 16TH AVENUE SUITE 402 SUITE 402 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0933086 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALDES, JUAN E Street Address (P.O. Box Number is Not Acceptable) 4160 WEST 16TH AVENUE SUITE 402 HIALEAH FL 33012 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE Delete TITLE K Change ☐ Addition arango, Manuel A NAME NAME ROBERTO ARANGO 752 E 32ND STREET STREET ADDRESS STREET ADDRESS 752 E. 32 St. CITY-ST-ZIP HIALEAH FL 33013 CITY-ST-ZIP Hialeah, FL 33013 STD Delete TITLE STD K Change Addition aslan, libertad NAME MANUEL A. ARANGO 422 NAVARRE AVENUE STREET ADDRESS STREET ADDRESS 422 Navarre Avenue CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33134 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ROBERTO ARANGO

(305) 835–8444

2/26/02

Date

FILED

F	AY DISTRIBUTOR 305-835-8444 P.O. BOX 138622 ALEAH, FL. 33013	111 1	-00 mn B	DATE 4/9/01 8	63-4/630 FL 1229	
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Principal Place of Business . 3. Mailing Address					1010 1 0101 1331	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City & State			4	. FEI Number 65-0933086	Applied For Not Applicable	
Zip Country	Zip	Country	5	Certificate of Status Desired		
6. Name and Address of Current	Registered Agent	Name	7	. Name and Address of New Registered Agent		
VALDES, JUAN E 4160 WEST 16TH AVENUE SUITE 402 HIALEAH FL 33012			ddress (P.C	D. Box Number is Not Acceptable)		
		City	City FL Zip Code			
The above named entity submits this statement for	or the purpose of changing its re	egistered office o	r registered	<u> </u>		
SNATURE Signature, typed or printed name of registored agent	and title if applicable. (NOTE: F	Registered Agent signat	ure required who	en reinstating) DATE		
Tax filing requirement and elects to do so. After MAY 1, 2001		FEE IS \$150. Fee will be \$1			.00 May Be ded to Fees	
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SIGNATURE: Jolerus Cirangais ROBERTO ARANGO 4/9/01 (305) 835-8444