

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90045 001 ***150.00
 07-20-2000 90045 002 *****8.75

DOCUMENT # P99000066071

1. Entity Name
AZARO DISTRIBUTORS, INC.
~~AZAROS~~

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Principal Place of Business
 2890 VIRGINIA STREET #306
 MIAMI FL 33133
3841 SW 29 ST
MIAMI FLA 33134

Mailing Address
 2890 VIRGINIA STREET #306
 MIAMI FL 33133

2. Principal Place of Business
3841 SW 29 ST
 Suite, Apt. #, etc. **306**

3. Mailing Address
2890 VIRGINIA ST
 Suite, Apt. #, etc. **306**

City & State
MIAMI FLORIDA
 Zip **33134** Country **DADE**

City & State
MIAMI FLORIDA 33133
 Zip **33133** Country **DADE**

4. FEI Number _____ Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CALERO, LAZARO
2890 VIRGINIA STREET #306
MIAMI FL 33133

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D CALERO, LAZARO 2890 VIRGINIA STREET #306 MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE: *Lazaro B. Calero*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-0700-305-4795679
 Date _____
 305-4769826

CR 1 (04/15/00)

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DOC# P99000066011

18690

July 09, 2000

To: Florida Department of State

The purpose of this letter is to acknowledge, that I have received your deliquent notice of payment. However, due to some unexplainable reason, this is the first time that I receive a notice of this sort. You may be sure that I will do my best to resolve this problem as soon as possible. Thank you for taking your time to bring this matter to my attention.

Sincerly Lazaro E Calero

AZARO DISTRIBUTORS, INC.
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