

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

Principal Place of Business

2890 VIRGINIA STREET #306
MIAMI FL 33133

Mailing Address

2890 VIRGINIA STREET #306
MIAMI FL 33133

3841 SW 29 ST

MIAMI FL 33134

2. Principal Place of Business

3841 SW 29 ST

3. Mailing Address

2890 VIRGINIA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA 33133

Zip

Country

DADE

Zip

33133

Country

DADE

4. FEI Number

Applied For

☒ Not Applicable

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

CALERO, LAZARO
2890 VIRGINIA STREET #306
MIAMI FL 33133

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CALERO, LAZARO**
STREET ADDRESS **2890 VIRGINIA STREET #306**
CITY-ST-ZIP **MIAMI FL 33133**

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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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 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

Date

Digitized by

09-0700-305-4795679
305-4769826

CR 1014 (5/00)

①

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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Lazaro E Calero