

5/30/00

FILED

Jul 07, 2000 8:00 am
Secretary of State

05-30-2000 90072 019 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078005

Entity Name

ENGLEWOOD DISTRIBUTION, INC.

R

307809



DO NOT WRITE IN THIS SPACE

Principal Place of Business NW 97TH PLACE FL 33178		Mailing Address 4883 NW 97TH PLACE MIAMI FL 33178-1971	
Principal Place of Business 6210 SW 9th St		3. Mailing Address 10240 SW 5th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0948090	Applied For Not Applicable
Zip 33144	Country USA	Zip 33174	Country USA
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

HUGUET, JORGE L
4883 NW 97TH PLACE
MIAMI FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

10240 SW 5th St

City

MIAMI

FL

Zip Code

33174

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, 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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4883 NW 97TH PLACE		STREET ADDRESS 10240 SW 5th St	
CITY-ST-ZIP MIAMI FL 33178		CITY-ST-ZIP MIAMI FL 33174	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 (307/370-3809)

CR2E034 (9/99)