

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90108 023 ***150.00



DOCUMENT # P99000094836

1. Entity Name
INVICTA DISTRIBUTION, INC.

Principal Place of Business
**6612 KINGSPONTE PARKWAY
SUITE 4B
ORLANDO FL 32819**

Mailing Address
**6612 KINGSPONTE PARKWAY
SUITE 4B
ORLANDO FL 32819**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7802 Kingspointe Pkwy

3. Mailing Address
7802 Kingspointe Pkwy

Suite, Apt. #, etc.
#105

Suite, Apt. #, etc.
#105

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number
59-3590167

Applied For
☐ Not Applicable

Zip
32819

Country

Zip
32819

Country

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

**DIAZ, MIKE A
7345 SAND LAKE ROAD, #412
ORLANDO FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DA CRUZ, FLAVIO F**
CITY-ST-ZIP **13419 SUMMERTON DRIVE
ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **TEIXEIRA F., JOAO E**
CITY-ST-ZIP **AL. TAHITI 52 I- TAMBORE III SANTANA DO
PARNAIBA-SP BRAZIL**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 3rd 2003 **4073525747**
Date Daytime Phone #

CR2E034 (10/02)