2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2001 8:00 am Secretary of State **DOCUMENT # V5771**5 1. Entity Name M.C.R. DISTRIBUTOR CORPORATION 05-09-2001 90004 040 ***158.75 Mailing Address Principal Place of Business MCR DISTRIBUTOR CORP MCR DISTRIBUTORS CORP 3540 CORAL WAY 3540 CORAL WAY MIAMI FL 33145 MIAMI FL 33145 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 56795W1 5679 City & State Applied For 4. FEI Number 65-0353254 iami Not Applicable \$8.75 Additional 5. Certificate of Status Desired 93/83 - //01 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Haeold_ Bastidas ~~RESTREPO: DARIO Street Address (P.O. Box Number is Not Acc 3510 CORAL WAY 5619 **MIAMI FL 33145** Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named e (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. X) Change ☐ Addition TITLE ☐ Delete TITLE MONTOYA, FRANCISCO NAME NAME 5679 SW 137H AVE. STREET ADDRESS 3540 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 M Change ☐ Addition ☐ Delete TITLE TITLE BASTIDAS, HAROLD NAME NAME 5679 SW 137th AVE 3540 CORAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 SD ☐ Delete TITLE MONTOYA, JUAN D NAME NAME STREET ADDRESS 3540 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI. FL 33145 Delete TITLE MONTOYA, ANDRES NAME NAME STREET ADDRESS STREET ADDRESS 3540 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 employered 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 attachmen with an anaddress with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR