FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F39256**

Country

Suite, Apt. #, etc.

City & State

UOMAR INDUSTRIAL SUPPLIES, INC.						
Principal Place of Business	Mailing Address					
959 W. 30TH STREET HIALEAH FL 33012	969 W. 30TH STREET HIALEAH FL 33012					
2. Principal Place of Business	2a. Mailing Address					

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Suite, Apt. #, etc.

City & State

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90009 045 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution.

06/03/1981 4. FEI Number

59-2101652

	25	29	30		Personal Property	Tax.	□ Yes	□No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
: . M/	RTINEZ, JORGE M		81			•		
	W 30TH ST	1	82	Street Add	Iress (P.O. Box Number is	Not Acceptable)		
HI	ALEAH FL 33012	·	83	3	1818			
. 1				1 0"			#	. <u> </u>
	\$\$ - 1 · .	A TO SERVE	84		•		L 85 Zip 0	
"office o	nt to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was a	uthorized by	the corporati	poration submits this state ion's board of directors. I h	ment for the purpose ereby accept the ap	e of changing its pointment as re	registered gistered
SIGNATUR	Signature, typed or printed name of registered agent	and title if annicable (NOTE	· Registered Age	ent signature require	ed when minstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANG			RS IN 12
TITLE	PD ·	☐ DELETE	1.1 TITLE		1 ,		Change	Addition
NAME ·	MARTINEZ, JORGE M		1.2 NAME					
STREET ADDRES	1 .		1.3 STREE	ET ADDRESS			•	
CITY-ST-ZIP	HIALEAH, FL 00000		1.4 CITY-5	ST-ZIP		, , , , , , , , , , , , , , , , , , ,	1	
TITLE	VD	☐ DELETE	2.1 TITLE			•	Change	Addition
NAME	MARTINEZ, GEORGIA		. 2.2 NAME					
STREET ADDRES			2.3 STRÉE	ET ADDRESS		•		
CITY-ST-ZIP	HIALEAH, FL 00000	☐ DELETE	2. 4 CITY-	ST-ZIP			☐ Change	☐ Addition
TITLE	SD MADTINEZ AMBADA E	☐ DETEIF	3.1 TITLE			•	LI Change	
NAME	MARTINEZ, AMPARO E ss 959 W 30TH ST		3.2 NAME	1	, is a			
STREET ADDRES	HIALEAH, FL 00000		3.3 STREE	ET ADDRESS				1 2
TITLE	THALLAH, TE GOOD	☐ DELETE	4.1 TITLE	51-ZIP	* * *	* 1 2 1	☐ Change	Addition
NAME			4. 2 NAME	:	•		*	
STREET ADDRES	SS 15	.a." " at	4.3 STREE	ET ADDRESS			· .	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME .			5.2 NAME		•			
STREET ADDRES	ss			TADDRESS	. ,			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	• •			
TITLE		☐ DELETE	6.1 TITLE		•		☐ Change	Addition
NAME			6.2 NAME	T + DODESO		- ,		
STREET ADDRES	S			ET ADDRESS		•	• • • • • •	
CITY-ST-ZIP	certify that the information supplied with	ALC SHOW I I I I I I I I I I I I I I I I I I I	6.4 CITY-S		0 440.07(0\/i) Fli-		ATP ATP ATP T	

Country

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indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 1.18.07(3)(f), Florida Statutes, 1 further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

