2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F69777



FILED Mar 19, 2003 8:00 am & Secretary of State

1. Entity Nar		SUPPLIES, INC.						03-19-2003	90095 ()42 ***150	.00	
Principal Place of Business 10880 SW 186 ST BAY # 54 MIAMI FL 33177			10880 S BAY #	Mailing Address 10880 SW 186 ST BAY # 54 MIAMI FL 33177 3. Mailing Address					-			
2. Principal Place of Business		3. Mailin										
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State		City &	City & State			4. FEI Number	4. FEI Number 59-2163038		├	Applied For Not Applicable		
Zip		Country	Zip		Country	y	5. Certificate of	of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Curre	nt Registered	Agent			7. Name and	Address of New R	egistered	l Agent		1
						Name		•				l
LOPEZ JR, EMILIO 10880 SW 186 ST				•		Street Address	s (P.O. Box Number	is Not Acceptable)			
BAY #54												١
MIAMI FL 33177						City	FL Zip Code					
8. The above the obligat	e named entity tions of registe	submits this statement ered agent.	t for the purpos	se of changing its	registered	office or regist	tered agent, or both	, in the State of Flo	rida. I am	n familiar with,	and accept	
SIGNATURE	Signature, typed o	or printed name of registered ag	ent and title if applica	able. (NOTE	: Registered A	agent signature requi	ired when reinstating)		DATE			
F . Afte	ILE NOW!!! r May 1, 200	or printed name of registered ag PEE IS \$150.00 Fee will be \$550.0 Florida Department	00	able. (NOTE	E: Registered A	sgent signature requi	9. Elec	tion Campaign Fin t Fund Contribution	ancing		0 May Be	
F . Afte	ILE NOW!!! r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	00		≅: Registered A	kgent signature requi	9. Elec Trus		ancing	☐ Added	d to Fees	1
## After Make Check 10. TITLE NAME STREET ADDRESS	PDS LOPEZ JR, 10880 SW	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department OFFICERS AN EMILIO -186ST-BAY-#54	of State		11. TITLE NAME STREET	ADDRESS = p	9. Elec Trus	t Fund Contribution	ancing	☐ Added	d to Fees	100/07/ 700
F. After Make Check 10. TITLE NAME	PDS LOPEZ JR,	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department OFFICERS AN EMILIO -186ST-BAY-#54	of State	S Delete	11. TITLE NAME STREET CITY-SI	ADDRESS = p	9. Elec Trus ADDITIONS/O	t Fund Contribution	ancing	☐ Added	d to Fees S IN 11	(40/04)
After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS LOPEZ JR, 10880 SW	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department OFFICERS AN EMILIO -186ST-BAY-#54	of State	3	11. TITLE NAME STREET	ADDRESS = p	9. Elec Trus ADDITIONS/O	t Fund Contribution	ancing	☐ Added	d to Fees S IN 11	
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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 another 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 changed, or on an attachment with an address, with all other like appowered.

SIGNATURE: