

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 255305

1. Entity Name
CHEM-TEX SUPPLY CORPORATION



Principal Place of Business

**3901 NW 115 AVE
MIAMI, FL 33178 US**

Mailing Address

**3901 NW 115 AVE
MIAMI, FL 33178 US**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1055281

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KUTNER, MILDRED
3901 NW 115 AVE
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERMAN, DAVID M
STREET ADDRESS	8050 SW 86TH TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	RUBIN, BERNICE
STREET ADDRESS	13740 S. W. 82ND AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	KUTNER, MILDRED
STREET ADDRESS	3250 S. W. 18 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	RUBIN, RONALD
STREET ADDRESS	13550 SW 61 CT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	NAMOFF, BOB
STREET ADDRESS	9440 SW 140 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80157-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David M Berman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

305-665-5303

Daytime Phone #