

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # K95173

1. Entity Name
UNI-SOURCE SUPPLY INTERNATIONAL, INC.



Principal Place of Business
**2055 WEST 73RD STREET
HIALEAH, FL 33016 US**

Mailing Address
**2055 WEST 73RD STREET
HIALEAH, FL 33016 US**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0137303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GAUNTLETT, R. DENNIVER
2055 WEST 73RD STREET
HIALEAH, FL 33016**

**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 reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GAUNTLETT, R. DENNIVER
STREET ADDRESS	2055 WEST 73RD STREET
CITY-ST-ZIP	HIALEAH, FL 33016

TITLE	V
NAME	GAUNTLETT, R. DAYNE
STREET ADDRESS	2055 WEST 73RD STREET
CITY-ST-ZIP	HIALEAH, FL 33016

TITLE	T
NAME	GAUNTLETT, DOROTHY
STREET ADDRESS	2055 WEST 73RD STREET
CITY-ST-ZIP	HIALEAH, FL 33016

TITLE	S
NAME	GAUNTLETT, TRACIE-ANN M
STREET ADDRESS	2055 WEST 73RD STREET
CITY-ST-ZIP	HIALEAH, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/09/08-80021-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.D. GAUNTLETT

1-8-08

Date

305-826-8696

Daytime Phone #