

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2001 8:00 an
Secretary of State

06-12-2001 90001 005 ***550.00

DOCUMENT # 346457

1. Entity Name

TEXAS SUPPLY, INC.

Principal Place of Business

Mailing Address

950 NE 2ND AVE
MIAMI FL 33132
US

950 NE 2ND AVE
MIAMI FL 33132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1267513

Applied F

Not Applic

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZISQUIT, FRED
950 NE 2ND AVE
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
DVP
WEISS, IRWIN
STREET ADDRESS 950 N.E. 2ND AVE.
CITY-ST-ZIP MIAMI, FL 00000

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
SD
ZISQUIT, DEBRA
STREET ADDRESS 950 N.E. 2ND AVE.
CITY-ST-ZIP MIAMI, FL 00000

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
TD
WEISS, ELLEN
STREET ADDRESS 950 N.E. 2ND AVE.
CITY-ST-ZIP MIAMI, FL 00000

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
PD
ZISQUIT, JUDD
STREET ADDRESS 950 N.E. 2ND AVE.
CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add
NAME
STREET ADDRESS
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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 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

Date

Daytime Phone #

6-401

305-371-6723