## **2001 UNIFORM BUSINESS REPORT (UBR)**

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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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## Jan 30, 2001 8:00 am DOCUMENT # P0000064763 1. Entity Name **Secretary of State** HSSUPPLY CORP. 01-30-2001 90042 042 \*\*\*150.00 Principal Place of Business Mailing Address 9715 FONTAINEBLEAU BLVD #207 9715 FONTAINEBLEAU BLVD #207 MIAM) FL 33172 MIAM! FL 33172 2. Principal Place of Business 9735 FONTAINE BLEAU BL 9735 FONTAINEOLEAN BLYD DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1036799 Not Applicable auntry \$8.75 Additional 5. Certificate of Status Desired IAULDAD. Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JE545 LURES FLORES, JESUS A Street Address (P.O. Box Number is Not Acceptable) 9715 FONTAINEBLEAU BLVD #207 **MIAMI FL 33172** 9735 FONTAINGBLEAU BLUD ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named extity subm ered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing regulrement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Delete TITLE FLORAS, JESUS FLORES, JESUS A NAME NAME 9785 forsaine BURE \$ \$303 STREET ADDRESS STREET ADDRESS 9715 FONTAINEBLEAU BLVD #207 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TITLE VTD ☐ Delete TITLE SUANEZ, LUISR NAME SUAREZ, LUIS R NAME 9795 FONTAINGBUERU BLVA # 303 STREET ADDRESS STREET ADDRESS 9715 FONTAINEBLEAU BLVD #207 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME .NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 if 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 12 if changed, or on an attachment with an address, with all other like empowered.