

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90105 050 ***150.00

DOCUMENT # P00000082281

1. Entity Name
SUPPLY RESOURCE, INC.



Principal Place of Business
**1005 S.W. 87TH AVENUE
MIAMI FL 33174**

Mailing Address
**1005 S.W. 87TH AVENUE
MIAMI FL 33174**

2. Principal Place of Business
8140 NW 74 Avenue

3. Mailing Address
8140 NW 74 Avenue

Suite, Apt. #, etc.
21

Suite, Apt. #, etc.
21

City & State
Medley, FL

City & State
Medley, FL

Zip
33166

Country
U.S.A.

Zip
33166

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1035591**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE CASTRO, RAFAEL F
1005 S.W. 87TH AVENUE
MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name **F. De Castro, Rafael**

Street Address (P.O. Box Number is Not Acceptable)
8140 NW 74 Avenue

Suite 21

City **Medley**

FL

Zip Code
33166

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  **Ralph De Castro, President**

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

(NOTE: Registered Agent signature required when reinstating)

3/8/2003
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DE CASTRO, RAFAEL F 1005 S.W. 87TH AVENUE MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD F. De Castro, Rafael 8140 N.W. 74 Avenue, Box 21 Medley, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 REQUIRED**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2003
Date

305 887-9745
Daytime Phone #

CR2E034 (10/02)