

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087899

1. Entity Name

General Suppliers of South Florida, Inc.

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90002 003 ***150.00

A0073548

Principal Place of Business
301 Monterrey Street # 210
Coral Gables, FL 33134

Mailing Address
801 Monterrey Street # 210
Coral Gables, FL 33134

2. Principal Place of Business
801 Monterrey Street

3. Mailing Address
801 Monterrey Street

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-1044480

Applied For
Not Applicable

Zip
33134

Country
U.S.A.

Zip
33134

Country
U.S.A.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Agustin Duarte
841 Wallace Street
Coral Gables, FL 33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE P
NAME Duarte, Agustin
STREET ADDRESS 841 Wallace Street
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

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

TITLE VP
NAME Orbea, Lionel A. Jr.
STREET ADDRESS 909 Santiago Street
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

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

TITLE TS
NAME Marrero, Betty
STREET ADDRESS 1402 Tangier Street
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-20-01