

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000090805**

1. Entity Name

SUPPLY SOLUTIONS, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90056 036 ***158.75

924865

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10045 SOUTHWEST 124TH STREET
MIAMI FL 33176**10045 SOUTHWEST 124TH STREET**
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

1500 San Remo Avenue**1500 San Remo Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4th Floor**4th Floor**

City & State

City & State

Coral Gables, FL**Coral Gables, FL**

Zip

Country

Zip

Country

33146**USA****33146****USA**

4. FEI Number

Applied For

EIN 65-1042717

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GAINOR, JOHN P						
	10045 SOUTHWEST 124TH STREET						
	MIAMI FL 33176						
	SVD		<input type="checkbox"/> Delete		Secretary		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	HIGHLAND, THOMAS C				Thomas C. Highland		
	40045 SOUTHWEST 124TH STREET				7120 Lago Drive West		
	MIAMI FL 33176				Coral Gables, FL 33143		
			<input type="checkbox"/> Delete		Treasurer		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
					Robert H. Winstead		
					1541 Brickell Ave., #3504		
					Miami, FL 33129		
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 12 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

2/23/01 305-665-1161

Date

Daytime Phone #

CR2E034 (10/00)