

2001 UNIFORM BUSINESS REPORT (UBR)

0219408

DOCUMENT # P00000103594

1. Entity Name
SUPPLY & MARKETING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB -1 AM 11:12

Principal Place of Business
4533 SW 136 PLACE 11975 SW 19 TRAIL
MIAMI FL 33175
#50
MIAMI FL 33175

Mailing Address
4533 SW 136 PLACE
MIAMI FL 33175
#50
MIAMI FL 33175



2. Principal Place of Business		3. Mailing Address		4. FEI Number 69-10-01 90063 024 \$550.00 65-1057090		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent GARZON, JORGE ALFONSO 4533 SW 136 PLACE MIAMI FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARZON, JORGE ALFONSO 4533 SW 136 PLACE 11975 SW 19 TRAIL #50 MIAMI FL 33175 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JORGE A GARZON 11975 SW 19 TRAIL UNIT 50 MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRIL, GONZALO M 4533 SW 136 PLACE 12663 NW 11 LINE MIAMI FL 33175 MIAMI 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GONZALO MOCADON 12663 NW 11 LINE MIAMI 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reinstatement Fee waived Image API rejected to a wrong corporation. P00000019474
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 305 2257178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)