

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90781 005 ***150.00

DOCUMENT # PO1000041500
1. Entity Name AM Industrial Supplies Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3752 TERRAPIN LANE 3. Mailing Address 3752 TERRAPIN LANE

Suite, Apt. #, etc. # 2201 Suite, Apt. #, etc. # 2201

City & State Coral Springs, FL City & State Coral Springs, FL

Zip 33067 Country US Zip 33067 Country US

4. FEI Number 65-1125780 Applied For ☐ Not Applicable ☒

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ingrid Alosta

Street Address (P.O. Box Number is Not Acceptable) 3752 Terrapin Lane # 2201

City Coral Springs FL 33067

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 _____ (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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE President
NAME Ingrid Alosta
STREET ADDRESS 3752 Terrapin Ln # 2201
CITY-ST-ZIP Coral Springs, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Franca Alosta
STREET ADDRESS 3752 Terrapin Ln # 2201
CITY-ST-ZIP Coral Springs, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Fernando Alosta
STREET ADDRESS 3752 Terrapin Ln # 2201
CITY-ST-ZIP Coral Springs, FL 33067

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2002 (954) 9072737

Date Daytime Phone #

CR2E034B (12/01)