

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91204 020 ***150.00

DOCUMENT # P01000041500

1. Entity Name
AM INDUSTRIAL SUPPLIES CORPORATION



Principal Place of Business
3752 TERRAPIN LN
#2201
CORAL SPRINGS FL 33067

Mailing Address
3752 TERRAPIN LN
#2201
CORAL SPRINGS FL 33067

2. Principal Place of Business
11101 Royal Palm Blvd
#207

3. Mailing Address
11101 Royal Palm Blvd
#207

Suite, Apt., etc.
Coral Springs, FL

Suite, Apt., etc.
Coral Springs, FL

Zip
33065

Country
USA

Zip
33065

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1125980**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, INGRID J
3752 TERRAPIN LN., #2201
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name **Ingrid J. Acosta**
Street Address (P.O. Box Number is Not Acceptable) **11101 Royal Palm Blvd #207**
City **CORAL SPRINGS** **FL** **Zip Code** **33065**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, INGRID J	
STREET ADDRESS	3752 TERRAPIN LN., #2201	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, FRANCIA	
STREET ADDRESS	3752 TERRAPIN LN., #2201	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, FERNANDO	
STREET ADDRESS	3752 TERRAPIN LN., #2201	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ACOSTA INGRID J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11101 Royal Palm Blvd #207	
STREET ADDRESS	CORAL SPRINGS, FL 33065	
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, FRANCIA	
STREET ADDRESS	11101 Royal Palm Blvd #207	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	
TITLE	ACOSTA, FERNANDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11101 Royal Palm Blvd #207	
STREET ADDRESS	CORAL SPRINGS, FL 33065	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

045 4/15/03

(954) 907 2737

CR2E034 (10/02)