## 2002 UNIFORM BUSINESS REPORT (UBR)

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## May 29, 2002 8:00 am Secretary of State DOCUMENT # P01000096929 04-23-2002 90417 013 \*\*\*150.00 1. Entity Name GENERAL SUPPLIES CORPORATION Principal Place of Business Mailing Address 14007 ENTRADA DR 14007 ENTRADA DR ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILMER GONZALEZ TOVAR, ILEANA ARIAS ESQ Street Address (P.O. Box Number is Not Acceptable) 1725 MAIN STREET SUITE 205 14007 ENTRADA DR. WESTON FL 33326 City ORLANDO <sup>Z</sup>92837 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. WILMER GONZALEZ PRESIDENT 04/12/02 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filling requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 1.1. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Addition CR2E034 (9/01) NAME GONZALEZ, WILMER NAME STREET ADDRESS 14007 ENTRADA DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-70 TITLE VSD ☐ Delete TITLE Addition NAME **BOSCAN DE GONZALEZ, CILENE** NAME STREET ADDRESS 14007 ENTRADA DR STREET ADDRESS CITY-ST-ZIF ORLANDO FL 32837 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NáMř STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILL S :Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

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