

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90970 001 ***150.00

DOCUMENT # P01000097215

1. Entity Name
MUROD SUPPLY, INC.



Principal Place of Business

~~250 174 ST #2208~~
SUNNY ISLES FL 33160

Mailing Address

~~250 174 ST #2208~~
SUNNY ISLES FL 33160

2. Principal Place of Business

290 174th. St.

Suite, Apt. #, etc.

apt. 1502

City & State

Sunny Isles Beach FL

Zip

33160

Country

USA

3. Mailing Address

290 174th. St.

Suite, Apt. #, etc.

apt.1502

City & State

Sunny Isles Beach

Zip

33160

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1149204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANA C

~~250 174 ST #2208~~

~~SUNNY ISLES FL 33160~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

290 174th. St.

apt. 1502

City

Sunny Isles Beach

FL

Zip Code
33160

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 X

Registered Agent

02/06/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME RODRIGUEZ, ANA C
STREET ADDRESS 250 174 ST #2208
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Change ☐ Addition
NAME RODRIGUEZ ANA C.
STREET ADDRESS 290 174 ST #1502
CITY-ST-ZIP SUNNY ISLAND FL 33160

TITLE P ☐ Change ☒ Addition
NAME SCHAUBER, MICHAEL N.
STREET ADDRESS 290 174 ST #1502
CITY-ST-ZIP SUNNY ISLAND, FL 33160

TITLE S ☐ Change ☒ Addition
NAME POLANCO, LILIANA I
STREET ADDRESS 290 174 ST #1502
CITY-ST-ZIP SUNNY ISLAND, FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

ANA C. RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/29/03

(605) 792-6755