

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90909 031 ***150.00

DOCUMENT # P01000099767

1. Entity Name
SUMINISTROS INDUSTRIALES, INC.

Principal Place of Business
9241 S.W. 1 PLACE
BOCA RATON FL 33428

Mailing Address
9241 S.W. 1 PLACE
BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

499 E. Palmetto Parkway
Suite, Apt. #, etc.
207

3. Mailing Address

499 E. Palmetto Parkway
Suite, Apt. #, etc.
207

City & State

Boca Raton FL
Zip
33432
Country
USA

City & State

Boca Raton
Zip
33432
Country
USA

4. FEI Number

65-1144696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MONEQUE S ESQ.
8260 WEST FLAGLER STREET
SUITE 1E
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name
Monique Troncone CPA
Street Address (P.O. Box Number is Not Acceptable)
499 E. Palmetto Park Rd
Suite 207
City
Boca Raton
FL
Zip Code
33432

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 **Monique Troncone CPA**

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	TORRES, LUIS	
STREET ADDRESS	9241 S.W. 1 PLACE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEREZ, JUDITH	
STREET ADDRESS	9241 S.W. 1 PLACE	
CITY-ST-ZIP	BOCA RATON FL 33428	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)