

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90159 032 ***150.00

DOCUMENT # P01000109869

1. Entity Name
SUPPLIER INVESTMENT GROUP, INC.

Principal Place of Business

18782 NW 89TH AVENUE
 MIAMI FL 33018

Mailing Address

18782 NW 89TH AVENUE
 MIAMI FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0689346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTH FLORIDA MEDICAL MANAGEMENT, INC.
900 WEST 49TH STREET
SUITE 430
HIALEAH FL 33012

Name

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

City

FL

Zip Code

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, 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MARANTE, EDUARDO**
 STREET ADDRESS **18782 NW 39TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33018**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-02 (305)345-3337

CR2E034 (4/02)

Attachment
P01000109869

SUPPLIER INVESTMENT GROUP, INC.

18782 N.W. 89th Avenue
Miami, FL 33018

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Supplier Investment Group, Inc. Doc#01000109869

To Whom It May Concern:

Enclosed, please find my 2002 uniform business report (UBR). According to the information contained in the packet received, the filing fee is \$550.00. Please be advised that this is the first packet that I have received during this year. I have not received the first packet, indicating a filing fee of \$150.00.

Also enclosed, is my check for \$150.00 to cover the UBR filing for 2002. I would ask that you accept this payment, due to the fact that I did not receive prior notification for my 2002 UBR filing.

If you have any questions, or should there be any issues, please contact me at the address indicated above.

Sincerely,



Eduardo Marante
President