

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91890 011 ***150.00

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DOCUMENT # P02000097646

1. Entity Name
GLOBAL INDUSTRIAL SUPPLY, INC.



Principal Place of Business
1074 SW 135TH PLACE
MIAMI FL 33184

Mailing Address
1074 SW 135TH PLACE
MIAMI FL 33184

2. Principal Place of Business
1074 SW 135 PLACE
Suite, Apt. #, etc.

3. Mailing Address
1074 SW 135 PLACE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
56-230041-2

☒ **Applied For**
☐ **Not Applicable**

Zip
33184

Country
USA

Zip
33184

Country
USA

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

RODRIGUEZ, ALBERT
1074 SW 135TH PLACE
MIAMI FL 33184

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** _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, VIVIAN D	
STREET ADDRESS	1074 SW 135TH PLACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: D. Rodriguez **RECEIVED** D. Rodriguez 4/27/03 305-229-3977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)