

2008

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jun 04, 2008 8:00 am
Secretary of State**

06-04-2008 90009 029 ***550.00

DOCUMENT # P06000124431
1. Entity Name TechSupply Corp.

DO NOT WRITE IN THIS SPACE

40107824

2. Principal Place of Business 299 Alhambra Circle Suite, Apt. #, etc. Suite 315 City & State Coral Gables, FL Zip 33134-5113	3. Mailing Address 299 Alhambra Circle Suite, Apt. #, etc. Suite 315 City & State Coral Gables, FL Zip 33134-5113
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5624923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Habib, Salman
Street Address (P.O. Box Number is Not Acceptable)
3225 Margaret St.
City
Miami **FL** **Zip Code**
33133

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.

Habib, Salman

(NOTE: Registered Agent signature required when reinstating)

DATE

5/13/08

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Habib, Salman 3225 Margaret St. Miami, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP/S Ulloque, Jorge L. 3225 Margaret St. Miami, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salman Habib

Date

5/13/08

Daytime Phone #

305-529-3360