

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90073 006 ***150.00

DOCUMENT # P93000053106

1. Entity Name
AMERICAN SUPPLY 2000, INC.

Principal Place of Business Mailing Address
~~210 UNIVERSITY DR~~ ~~210 UNIVERSITY DR~~
~~STE 502~~ ~~STE 502~~
~~CORAL SPRINGS FL 33071~~ ~~CORAL SPRINGS FL 33071~~

2. Principal Place of Business 3. Mailing Address
5485 N.W. 72nd AVENUE **C/O MAS**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 771210
 City & State City & State
MIAMI, FL **CORAL SPRINGS, FL**
 Zip Country Zip Country
33166-4223 **33077-1210**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0433390** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOSEPH E
~~210 UNIVERSITY DR~~
~~STE 502~~
~~CORAL SPRINGS FL 33071~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3000 N. UNIVERSITY DRIVE
SUITE E
 City **CORAL SPRINGS** FL Zip Code **33065**

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	DAOUD, WADID	16007 OPAL CREEK DR	WESTON FL 33331	<input type="checkbox"/>
ST	DAOUD, ALLYSON	16007 OPAL CREEK DR	WESTON FL 33331	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		P.O. Box 771210	CORAL SPRINGS FL 33077-1210	<input type="checkbox"/>	<input type="checkbox"/>
		P.O. Box 771210	CORAL SPRINGS FL 33077-1210	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

WADID DAOUD

2/15/01

Date

305-888-6292

Daytime Phone #

CR2E034 (10/00)