

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000075737

1. Entity Name
TOTAL EQUIPMENT SUPPLIERS, INC.



Principal Place of Business

9550 NW 41 ST
SUITE 300
MIAMI, FL 33178 US

Mailing Address

9550 NW 41 ST
SUITE 300
MIAMI, FL 33178 US

FILED
Feb 26, 2005 08:00 AM
Secretary of State



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0630238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UMANSKY, TRACEY E
9550 NW 41 ST
MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME UMANSKY, TRACEY E
STREET ADDRESS 2191 NORTHWEST 97 AVENUE, SUITE 300
CITY-ST-ZIP MIAMI, FL 33172

TITLE D
NAME SERRA, UBALDO
STREET ADDRESS 2191 NORTHWEST 97 AVENUE, SUITE 300
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracey E Umansky (x) 2/26/05 (305) 718-9550
Date Daytime Phone #