4-25-200 10:15AM FROM A. GARCIA CO. PA 305+6709750

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90181 041 ***150.00

B0089377

DOCUMENT # P96000053898.

1. Entity Name
LOS ANGELES SUPPLY, INC.

Principal Place of Business
5336 N.W. 106 Ct.
MIAMI FL 33178

Mailing Address
3300 N.W. North River Dr.
MIAMI, FL 33142.

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0706943 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
Amado Garcia, C.P.A.
9500 S. DADELAND BLVD. STE. 705
MIAMI, FL 33156

7. Name and Address of New Registered Agent
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.

SIGNATURE 4/24/00
Signature(s) must be printed name of officer(s) and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILING FEES

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	☐ Delete
DP AL ABDALLAH, MANUEL 1670 Orchid Bend Weston Fl. 33327	
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: MANUEL AL ABDALLAH. 04/24/00 305- 525-8017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

COPY/FILING