

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91350 035 ***150.00

DOCUMENT # P98000013574

1. Entity Name

MIDWAY COMMERCIAL SUPPLY, INC.

Principal Place of Business

**150 SW 176 STREET
 MIAMI FL 33169**

Mailing Address

**POST OFFICE BOX 4666
 HIALEAH FL 33014**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0812218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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, 2002 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	PSTD HICKS, MARK A 150 SW 176 STREET MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



MIDWAY COMMERCIAL SUPPLIES, INC.

DBA

JOHNSTONE SUPPLY

PHONE 305-269-9191

P.O. BOX 4666

HIALEAH, FL 33014

NATIONSBANK
NATIONSBANK, N.A.

63-4830 FL
987

005645

ATTACHMENT # [REDACTED]
P98000013574
04/09/02 EXACTLY *****150.00

ONE HUNDRED FIFTY DOLLARS AND 00 CENTS

\$

DOLLARS

FLORIDA DEPT. OF STATE
"DEPARTMENT OF STATE"
P.O. BOX 1500
TALLAHASSEE, FL 32302

VOID AFTER 90 DAYS

PAY
TO THE
ORDER
OF

MEMO

⑈005645⑈ ⑆063000047⑆ 001596380752⑈

AUTHORIZED SIGNATURE

MIDWAY COMMERCIAL SUPPLIES, INC. DBA JOHNSTONE SUPPLY - HIALEAH, FL 33014

Invoice Number	Invoice Description	Invoice Date	Gross Amount	Discount Amount	Net Amount	
P98000013574	650812	03-01-02	150.00		150.00	MG

005645

CK was mailed Alone
SORRY
Attach is the Backup

150.00 .00 150.00

MIDWAY COMMERCIAL SUPPLIES, INC. DBA JOHNSTONE SUPPLY HIALEAH, FL 33014

005645