

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104492

1. Entity Name

ALL SUPPLY AGENCY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90050 031 ***150.00

Principal Place of Business

9961 HEATHER LANE
MIRAMAR FL 33025

Mailing Address

9961 HEATHER LANE
MIRAMAR FL 33025-2339

2. Principal Place of Business

3. Mailing Address

8600 NW. 64 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4

City & State

City & State

MIAMI

FLORIDA

Zip

Country

Zip

Country

33166

USA

4. FEI Number

65-0884918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANA, MARY C
9961 HEATHER LANE
MIRAMAR FL 33025

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SANTANA, MARY C	
STREET ADDRESS	9961 HEATHER LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	OLIVE, JUAN C	
STREET ADDRESS	3199 FOXCROFT RD., #101	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVE, JUAN C.	
STREET ADDRESS	3199 FOXCROFT RD., #101	
CITY-ST-ZIP	MIRAMAR, FL. 33025	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTANA, JESUS	
STREET ADDRESS	9961 HEATHER LN.	
CITY-ST-ZIP	MIRAMAR, FL. 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

MARY SANTANA

4/18/00

Date

305-418-4014

Daytime Phone #

CR2E034 (9/99)