2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State
06-02-2000 90007 028 ***150.00

DOCUMENT P99000076651

1. Entity Name: Medley Hydraulic Supplies Inc.

Principal Place of Business: 9010 NW 93 St. Medley, Fl. 33178

Mailing Address: 9010 NW 93 St. Medley, Fl. 33178

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0946208 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Monge, Carlos
9010 NW 93 St.
Medley, Fl. 33178

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 ______ 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

Field	Entry
TITLE	PD
NAME	Monge, Carlos
STREET ADDRESS	9010 NW 93 St.
CITY-ST-ZIP	Medley, Fl. 33178
TITLE	V.P.
NAME	Marrero, Carlos
STREET ADDRESS	9010 NW 93 St.
CITY-ST-ZIP	Medley, Fl. 33178

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Carlos Monge   Carlos Monge   4/28/00   305-825-3537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR