

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000081748**

1. Entity Name

**MITCHELL SUPPLY, INCORPORATED**

Principal Place of Business

**13150 SW 85TH AVE RD  
MIAMI FL 33156**

Mailing Address

**13150 SW 85TH AVE RD  
MIAMI FL 33156**

2. Principal Place of Business

**88665 Overseas Hwy**  
Suite, Apt. #, etc.

3. Mailing Address

**88665 Overseas Hwy**  
Suite, Apt. #, etc.

City &amp; State

**Islamorada**

City &amp; State

**Islamorada**

Zip

**33036**

Country

**Monroe**

Zip

**33036**

Country

**Monroe**4. FEI Number **65-0947492**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PAZ, LAZARO  
13150 SW 85TH AVE RD  
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

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, 2001 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  
**DP  
PAZ, LAZARO  
13150 SW 85TH AVE RD  
MIAMI FL 33156** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
PAZ, ANA  
13150 SW 85TH AVE RD  
MIAMI FL 33156** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 **X**

Signature and Printed Name of Signing Officer or Director

Date

**12/13/2001**

Daytime Phone #

**FILED  
Mar 08, 2001 8:00 am  
Secretary of State**

03-08-2001 90079 043 \*\*\*150.00

**00022658**

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)