

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086362

1. Entity Name

INKS & CHEM SUPPLIES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90108 041 ***150.00

Principal Place of Business

Mailing Address

84 GABLES BLVD.
WESTON FL 33326

84 GABLES BLVD.
WESTON FL 33326-2589

2. Principal Place of Business

3. Mailing Address

16215 SADDLE CLUB Rd.

16215 SADDLE CLUB Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

City & State

WESTON, FL

WESTON, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-0955-057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, CARLOS E ESQ.
2800 BISCAYNE BLVD.
SUITE 500
MIAMI FL 33137

Name

Irvin Giron Maneiro

Street Address (P.O. Box Number is Not Acceptable)

16215 SADDLE CLUB RD # 101

City

WESTON

FL

Zip Code

33326

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

04-19-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD IRVIN, GIRON MANEIRO 84 GABLES BLVD. WESTON FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, IRVIN, GIRON MANEIRO 16215 SADDLE CLUB Rd # 101 WESTON FL 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT IRVIN, GIRON MANEIRO 84 GABLES BLVD. WESTON FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT IRVIN, GIRON MANEIRO 16215 SADDLE CLUB Rd # 101 WESTON FL 33326	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-2000

Date

(954)6598042

Daytime Phone #

CR2E034 (9/99)