

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110553

1. Entity Name

CTT INDUSTRIAL SUPPLIES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90097 016 ***150.00

Principal Place of Business

Mailing Address

2001 S.W. 22ND TERRACE
MIAMI FL 33145

2001 S.W. 22ND TERRACE
MIAMI FL 33145

2. Principal Place of Business

1310 W 38 ST.

Suite, Apt. #, etc.

3. Mailing Address

1310 W 38 ST.

Suite, Apt. #, etc.

City & State

HIALEAH, FLA.

Zip 33012

Country

USA

City & State

HIALEAH, FLA.

Zip 33012

Country

4. FEI Number

65-0973731

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

DE JUAN, LUIS
2001 S.W. 22ND TERRACE
MIAMI FL 33145

Name

LUIS DE JUAN

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

1310 W 38 ST.

City

HIALEAH

FL

Zip Code

33012

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 PTD ☐ Delete
NAME DE JUAN, LUIS
STREET ADDRESS 2001 S.W. 22ND TERRACE
CITY-ST-ZIP MIAMI FL 33145

TITLE PTD ☒ Change ☐ Addition
NAME DE JUAN, LUIS
STREET ADDRESS 1310 W 38 ST.
CITY-ST-ZIP HIALEAH, FLA. 33012

TITLE VD ☐ Delete
NAME HERNANDEZ, JAVIER
STREET ADDRESS 4935 S.W. 98TH AVE RD
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME BARRIOS, RODOLFO
STREET ADDRESS 151 S.W. 96TH TERR
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Luis De Juan LUIS DE JUAN 3-2-00 (305) 510-5502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)