

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110553

1. Entity Name

CTT INDUSTRIAL SUPPLIES, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90010 011 ***150.00

Principal Place of Business

1310 WEST 38 ST.
BAY #1
HIALEAH FL 33016

Mailing Address

2480 W. 88 STREET
BAY #1
HIALEAH FL 33016

2. Principal Place of Business

7979 W 25 AVE

3. Mailing Address

7979 W 25 AVE

Suite, Apt. #, etc.

BAY # 4

Suite, Apt. #, etc.

BAY # 4

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

6. Name and Address of Current Registered Agent

DE JUAN, LUIS
6340 GAUNTLET HALL LANE
DAVIE FL 33331

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0973731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 PT
NAME DE JUAN, LUIS
STREET ADDRESS 6340 GAUNTLET HALL LN.
CITY-ST-ZIP DAVIE FL 33331 ☐ Delete

TITLE VS
NAME RUIZ, ROBERT
STREET ADDRESS 15501 CARRIAGE COURT
CITY-ST-ZIP DAVIE FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LUIS DE JUAN 4-3-01 305-698-1155

CR2E034 (10/00)