

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90139 025 ***150.00

DOCUMENT # P99000110553

1. Entity Name

CTT INDUSTRIAL SUPPLIES, INC.

Principal Place of Business

7979 W 25 AVE

BAY #4

HIALEAH FL 33016

Mailing Address

7979 W 25 AVE

BAY #4

HIALEAH FL 33016

2. Principal Place of Business

2760 W 84 ST

3. Mailing Address

2760 W 84 ST.

Suite, Apt. #, etc.

BAY #5

Suite, Apt. #, etc.

BAY #5

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33016

Country

U.S.A.

Zip

33016

Country

U.S.A.

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

6340 GAUNTLET HALL LANE

DAVIE FL 33331

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. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PT** ☐ Delete
 NAME **DE JUAN, LUIS**
 STREET ADDRESS **6340 GAUNTLET HALL LN.**
 CITY-ST-ZIP **DAVIE FL 33331**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

LUIS DE JUAN

Date

Daytime Phone #

01-07-02 305-510-5502

CR2E034 (9/01)