2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$41299** GENERAL SUPPLY DISTRIBUTOR, INC. Principal Place of Business Mailing Address 2809 BIRD AVE., SUITE 145 2809 BIRD AVE., SUITE 145 MIAMI FL 33133 MIAMI FL 33133-4668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip 6. Name and Address of Current Registered Agent CARRILLO, H.A.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

CARRILLO, CARMEN

CARRILLO, GILDA

2809 BIRD AVE

2809 BIRD AVE

CARRILLO, SHERRY

MIAMI FL

MIAMI FL

MIAMI FL

MIAMI FL

2983 WASHINGTON STREET

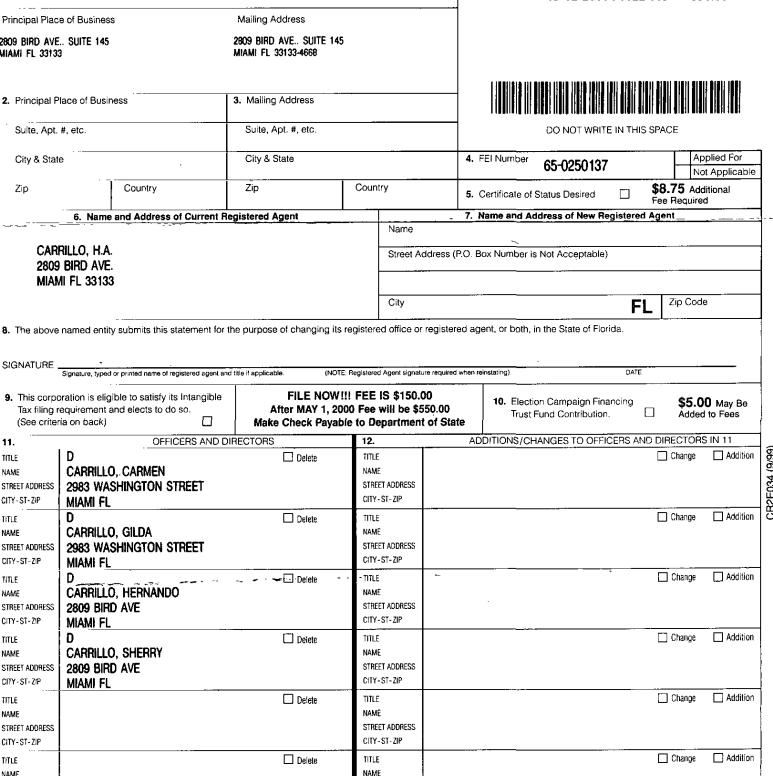
2983 WASHINGTON STREET

CARRILLO, HERNANDO

Tax filing requirement and elects to do so.

Mar 02, 2000 8:00 am **Secretary of State**

03-02-2000 90022 005 ***150.00



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 the 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 received for 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 ∐ other like empowered.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE NAME

TITLE NAME

CITY-ST-7IP

2809 BIRD AVE. **MIAMI FL 33133**

(See criteria on back)

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

11.

TITLE

TITLE

NAME

NAME

TITLE

NAME

NAME

NAME