

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 427984

**Entity Name:** BELTRAM EDGE TOOL SUPPLY, INC.

**Current Principal Place of Business:**

6800 N. FLORIDA AVE  
TAMPA, FL 33604

**FILED**  
**Apr 07, 2021**  
**Secretary of State**  
**7562957855CC**

**Current Mailing Address:**

6800 N. FLORIDA AVE  
TAMPA, FL 33604 US

**FEI Number: 59-1468996**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, AUTHORIZED SIGNATORY  
Name WHYTE, IAIN  
Address 6800 N. FLORIDA AVE  
City-State-Zip: TAMPA FL 33604

Title SECRETARY  
Name GERSHMAN, DAVID  
Address 550 SOUTH DIXIE HIGHWAY  
SUITE 300  
City-State-Zip: CORAL GABLES FL 33146

Title CFO, AUTHORIZED SIGNATORY  
Name KEARNEY, MARGARET  
Address 6800 N. FLORIDA AVE  
City-State-Zip: TAMPA FL 33604

Title AUTHORIZED SIGNATORY  
(CONTRACTS)  
Name STANFORD, CAROL  
Address 6800 N. FLORIDA AVE  
City-State-Zip: TAMPA FL 33604

Title AUTHORIZED SIGNATORY  
(CONTRACTS)  
Name POLEWASKI, XIOMARA  
Address 6800 N. FLORIDA AVE  
City-State-Zip: TAMPA FL 33604

Title CHAIRMAN, AUTHORIZED  
SIGNATORY  
Name GROSS, JORGE A  
Address 550 S. DIXIE HWY #300  
City-State-Zip: CORAL GABLES FL 33146-2701

Title EXECUTIVE VICE PRESIDENT,  
AUTHORIZED SIGNATORY  
Name TEMPLETON, TROY D  
Address 550 S. DIXIE HWY #300  
City-State-Zip: CORAL GABLES FL 33146-2701

Title ASSISTANT SECRETARY  
Name CALDERON, MICHELSA  
Address 550 S. DIXIE HWY #300  
City-State-Zip: CORAL GABLES FL 33146-2701

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHELSA CALDERON**

**ASST. SECRETARY**

**04/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DESIGN PRINCIPAL, IFDT, AUTHORIZED  
SIGNATORY (CONTRACTS)  
Name            TRUJILLO, TIM  
Address         6800 N. FLORIDA AVE  
City-State-Zip: TAMPA FL 33604