

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90222 001 \*\*\*150.00

0121738

**DOCUMENT # 532491**  
 1. Entity Name  
**ACTION PLATING CORP.**

Principal Place of Business 1212-1230 ALI-BABA AVENUE OPA LOCKA FL 33054-3613 US	Mailing Address 1230 ALI-BABA AVENUE OPA LOCKA FL 33054-3613 US
---	--

UUUZZZZU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1736966</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**BAIN, WILLIAM J.**  
**1101 MEADOWLARK AVE**  
**MIAMI SPRINGS FL 33166**

7. Name and Address of New Registered Agent  
 Name **BAIN, WILLIAM J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1101 MEADOWLARK AVE.**  
 City **MIAMI SPRINGS, FL** Zip Code **33166**

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 **WILLIAM J. BAIN (SEC.TREA.)** DATE **03/13/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PEPPLE, DANIEL</b> <b>167 KAHIKI DR</b> <b>TAVERVIER FL 33070</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BAIN, WILLIAM J</b> <b>1101 MEADOWLARK AVE</b> <b>MIAMI SPRINGS FL 33166</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE PRESIDENT</b> <b>LARRY C. BAIN</b> <b>961 Bluebird Ave.</b> <b>Miami Springs, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE PRESIDENT</b> <b>GLENN E. BAIN</b> <b>560 FALCON AVE.</b> <b>MIAMI SPRINGS, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE PRESIDENT</b> <b>MARK A. BAIN</b> <b>1007 HUNTINGLODGE DR.</b> <b>MIAMI SPRINGS, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PEPPLE, DANIEL</b> <b>167 KAHIKI DR</b> <b>TAVERVIER FL 33070</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BAIN, WILLIAM J</b> <b>1101 MEADOWLARK AVE</b> <b>MIAMI SPRINGS FL 33166</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE PRESIDENT</b> <b>LARRY C. BAIN</b> <b>961 Bluebird Ave.</b> <b>Miami Springs, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE PRESIDENT</b> <b>GLENN E. BAIN</b> <b>560 FALCON AVE.</b> <b>MIAMI SPRINGS, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VICE PRESIDENT</b> <b>MARK A. BAIN</b> <b>1007 HUNTINGLODGE DR.</b> <b>MIAMI SPRINGS, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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)(f), 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: **WILLIAM J. BAIN (SEC.TREA.)** DATE **3/13/01** (305) 685-6313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)