

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
 03-06-2002 90116 020 ***150.00

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DOCUMENT # K74691
 1. Entity Name
PRO REBAR & CABLE, INC.

Principal Place of Business Mailing Address
14500 FAIRFAX PL. **14500 FAIRFAX PL.**
DAVIE FL 33325 **DAVIE FL 33325**

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0127999** 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**
RIZZUTO, ANTHONY Name
14500 FAIRFAX PL. Street Address (P.O. Box Number is Not Acceptable)
DAVIE FL 33325 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 _____ DATE _____
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.
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 NAME STREET ADDRESS CITY-ST-ZIP	PD RIZZUTO, ANTHONY 14500 FAIRFAX PL. DAVIE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles Rizzuto 4530 S.W. 55 AVE DAVIE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 to this address, in all the blocks indicated.
SIGNATURE: Anthony R Rizzuto Pres. Date **Feb 1, 2002** Daytime Phone # **(954) 474-6541**

CR2E034 (9/01)