## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 13, 2000 8:00 am DOCUMENT # M62581 1. Entity Name **Secretary of State** UNITED METALS INTERNATIONAL, INC. 03-13-2000 90034 033 \*\*\*150.00 Principal Place of Business Mailing Address 260 CRANDON BLVD., SUITE 52 260 CRANDON BLVD., SUITE 52 P. O. BOX 530 P. O. BOX 530 044418 MIAMI FL 33149 MIAMI FL 33149-1538 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0012756 Not Applicable Zip Country Zip Country -\$8.75 Additional 5 Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DE LA CRUZ, LUIS F., JR. Street Address (P.O. Box Number is Not Acceptable) 300 SEVILLA AVENUE SUITE 313 CORAL GABLES FL 33134 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change XX Addition TITLE XX Delete TITLE P/D LORIDO, OLGA LOURDES NAME RAMON S. LORIDO STREET ADDRESS 260 CRANDON BLVD., #52 STREET ADDRESS 260 CRANDON BLVD., #52 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL <u>MTAMI, FL 33149</u> ☐ Delete TITLE XX Change Addition V/M/S TITLE LORIDO, JOSE R. NAME JOSE R. LORIDO NAME 260 CRANDON BLVD #52 STREET ADDRESS 260 CRANDON BLVD., #52 STREET ADDRESS MIAMI, FL 33149 CiTY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 suppliemental 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 redeiver 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 tike empowered.

**SIGNATURE:** 

NATURE AND TYPED OR CRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-361-6624