

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90018 003 ***150.00

DOCUMENT # P97000106825

1. Entity Name

IRONMONGER METAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

**3277 SR 114 AVE
FORT LAUDERDALE FL 33315****PO BOX 350507
FT LAUDERDALE FL 33335**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0805552

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHWARTZ, MICHAEL
2514 HOLLYWOOD BLVD
#508
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	GRAEF, ERNEST	5805 SW 21 ST.	HOLLYWOOD FL 33023	☐	D	GRAEF, Ernest	3200 Gulf Ocean Drive #1010	Ft. Lauderdale, FL 33308	☒	☐
D	GRAEF, LUIS	5805 SW 21 ST.	HOLLYWOOD FL 33023	☐	D	GRAEF, Luis	2161 NW 122 Avenue	Plantation, FL 33323	☒	☐
D	WINN, SHELLY	5805 SW 21 ST.	HOLLYWOOD FL 33023	☐	D	Winn, Shelly	11422 Corazon Court	Boynton Beach, FL 33437	☒	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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 with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest Graef, D 1/16/01 (954) 468-1226

Date

Daytime Phone #

CR2E034 (10/00)