**FILED** 

Daytime Phone #

## 2002 uniform Business Report (UBR)

SIGNATURE:

## Apr 02, 2002 8:00 am Secretary of State P97000106825 **DOCUMENT #** 04-02-2002 90908 027 \*\*\*150.00 IRONMONGER METAL PRODUCTS, INC. Principal Place of Business Mailing Address 3277 SR 114 AVE PO BOX 350507 FORT LAUDERDALE FL 33315 FT LAUDERDALE FL 33335 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0805552 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHWARTZ, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2514 HOLLYWOOD BLVD #508 HOLLYWOOD FL 33020 City Zip Code FI 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE GRAEF, ERNEST NAME NAME 3700GOLT OCEAN DRIVE #1849 1401 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete \_\_\_ Change ☐ Addition TITLE TITLE GRAEF, LUIS NAME NAME 2161 NW 122ND AVE STREET ADDRESS STREET ADDRESS **PLANTATION FL 33323** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete\_ ☐ Addition WINN, SHELLY NAME NAME 11422 CARAZON COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 equired 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 gine like empowered.