

8/31/01-90238-027

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90238 027 \*\*\*550.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000055626**  
1. Entity Name  
**FORGE INDUSTRIES, INC.**

*(Handwritten initials)*

Principal Place of Business      Mailing Address  
**1404 NW 82ND AVE**      **1404 NW 82ND AVE**  
**MIAMI FL 33126**      **MIAMI FL 33126**



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 **65-0996622**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Name and Address of Current Registered Agent  
**RODRIGUES, OSCAR J**  
**1404 NW 82ND AVE**  
**MIAMI FL 33126**  
7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PSD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MANSANO DANIEL</b>		NAME <b>Roberto Gerald</b>	
STREET ADDRESS <b>1404 NW 82ND AVE</b>		STREET ADDRESS <b>1404 NW 82 Avenue</b>	
CITY-ST-ZIP <b>MIAMI FL 33126</b>		CITY-ST-ZIP <b>Miami, Florida 33126</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 empowers.

SIGNATURE: *(Signature)* **DATE** **Aug 20-01 (305) 406 9075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

PLEASE UPDATE this change AS SOON AS POSSIBLE.  
TITLE : PRESIDENT / SECRETARY / DIRECTOR,  
ROBERT GERALDI

CR2E004 (9/01)