

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 188442

1. Entity Name

AIRCO PLATING COMPANY INC

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90014 003 ***150.00

00000040



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3636 NW 46TH ST MIAMI FL 33142-3944	3636 NW 46TH ST MIAMI FLA 33142-3944

2. Principal Place of Business 3650 NW 46th Street Suite, Apt. #, etc.	3. Mailing Address 3650 NW 46th Street Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33142-3944	Country USA
Zip 33142-3944	Country USA

4. FEI Number 59-0747638	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVINE, GEIGER, KUPERSTEIN & FREUD, PA 1110 BRICKELL AVENUE SUITE #700 MIAMI FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) 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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, GEORGE 19410 ROYAL BIRKDALE DR. HIALEAH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, I. STANLEY 3333 GARDEN AVE. MIAMI BCH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVINE, SHERWIN E. 1760 BAY DR. MIAMI BCH. FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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
George R. King, President

2-17-2000 (305) 633-2476

Date Daytime Phone #

CR2E034 (9/99)