

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 260495

1. Entity Name

SHEET METAL ASSOCIATES INC

P

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90086 007 ***150.00

Principal Place of Business

9774 ARBORVIEW DR
BOYNTON BEACH FL 33437
US

Mailing Address

P.O. BOX 565052
MIAMI FL 33256
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0997842

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLTCHICK, SAMUEL
11240 SW 74TH AVENUE
MIAMI FL 33156

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME OLTCHICK, SAMUEL
STREET ADDRESS 9774 ARBOR VIEW DR SO.
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE VST
NAME OLTCHICK, PHILIP
STREET ADDRESS 9094 N.W. 45TH CT.
CITY-ST-ZIP SUNRISE 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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
Doc. #260495 A0072245

Aug. 7, 2000

Dear Sir:

I have just received my corporation filing form and I see that a payment of \$550.00 is required. In speaking to people about the large fee, I was told that this is a second request because I didn't file in May.

Sir I assure you that I did not receive the May request. I have been a corporation since 1963 here in Florida and I have always paid the corporation fee.

I no longer operate a shop but conduct what little business I do from my home. In going over my records just now, I see that I have billed out \$9010.00 to this date. I have also paid out \$5126.17 to my supplier \$385.47 in sales tax.

I hope you understand when I request that you allow me to pay the original \$550.00 filing fee.

Thank you

Samuel O'Heik

Sheet Metal Associates

9774 Arbor View Dr. So.

Boynton Beach, Fl. 33437

F.E.I. # 59-0997842