

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90046 006 ***150.00

DOCUMENT # 271638

1. Entity Name

ALLIED METAL CORPORATION

Principal Place of Business

Mailing Address

2902 NW 32ND AVE
 MIAMI FLA 33142

2902 NW 32ND AVE
 MIAMI FLA 33142

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

59-1008706

Applied For

Not Applicable

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

INTRASTATE REGISTERED AGENT CORPORATION
1916 S. CENTRAL AVENUE
LAKELAND FL 33803

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	M	<input type="checkbox"/> Delete
NAME	MOSHEIM, PETER	
STREET ADDRESS	2902 NW 32ND AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOSHEIM, MARION	
STREET ADDRESS	2902 NW 32ND AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOSHEIM, PAUL	
STREET ADDRESS	2902 NW 32ND AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOSHEIM, ROBERT	
STREET ADDRESS	2902 NW 32ND AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date: **2/15/2001** 305-675-3360
 Daytime Phone #

C0023095



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)