

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 381922

1. Entity Name

GOLD LINE ALUM. MFG. INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90077 034 ***150.00

Principal Place of Business

Mailing Address

709-713 N W 2ND ST
HALLANDALE FL 33009

42 RONALD RD
HOLLYWOOD FL 33023-5251
US

2. Principal Place of Business

3. Mailing Address

4153 SW 47 AVE

Suite, Apt. #, etc.
#125

City & State
DAVIE, FL

Zip
33314

Country
USA

City & State

Zip

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1353224

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

DINAPOLI, VIOLA
109 HARVARD ROAD
HOLLYWOOD FL 33023

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARENA, MICHELLE
42 RONALD RD
HOLLYWOOD, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DINAPOLI, VIOLA
109 HARVARD RD
HOLLYWOOD, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOODS, JOAN
105 HARVARD ROAD
HOLLYWOOD, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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:

MICHELLE M. ARENA
Michelle M. Arena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 (954) 962-4183
Date Daytime Phone #

CR2E034 (9/99)