## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 589749  1. Entity Name  AMMUNITION RELOADERS, INC.				Secretary of State 02-26-2002 90123 032 ***150.00
•	ce of Business 86TH STREET SUITE 68 157	Mailing Address 10880 S.W. 186TH STREET SUITE 68 MIAMI FL 33157		I NORMON BANGAL NORMON MENNY MBANY BANGAN
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-1859724 Applied For Not Applicable
Zip	Country		Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
LIAMA EV	CLIETON K II		Name	RODRIGUEZ, MANUEL
HAWLEY, CLIFTON K II  15229 S.W. 170TH TERR				ess (P.O. Box Number is Not Acceptable)
MIAMI FL 33187				6119 S.W. 42nd. Street
	/// •//	,	City	Miami FL Zip Code 33155
8. The above	I HA	the purpose of changing its req	gistered office or regis	gistered agent, or both, in the State of Florida.
SIGNATURE .	Signarya typotleybrinia trasprotron stereo agent an	d title if applicable. (NOTE: Re	egistered Agent signature requ	equired 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!!! FE  After May 1, 2002 Fe  Make Check Payable to		Fee will be \$550.00		
11.	OFFICERS AND D	PIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAWLEY, CLIFTON K II 15229 S.W. 170TH TERR MIAMI FL 33187	<b>⊠</b> Delete	NAME RESTREET ADDRESS 6	PSD ⊠ Change ☐ Addition RODRIGUEZ, MANUEL 6119 S.W. 42nd. Street Miami, Fi. 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, LUIS R 14266 S.W. 101ST STREET MIAMI FL 33186	<b>⊠</b> Delete	NAME F[ STREET ADDRESS 1!	VPD ⊠ Change ☐ Addition FERNANDEZ, REY 15815 S.W. 102 Place Miami, Fl. 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE" NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STHEET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby of indicated of the corchanged.	certify that the information supplied with to on this report or supplemental eports is poration or the receiver or trastee empty or on an attachment with an address	his filing deep not qualify for the de and accurate and that my sered dexecute this report as dependent of the property of the	e exemption stated in signature shall have th required by Chapter 6	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

LUUINED