

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 593799

1. Entity Name

POWERLINE SCRAP METAL, INC.

Principal Place of Business

2220 POWERLINE ROAD
POMPANO BEACH FL 33069

Mailing Address

2220 POWERLINE ROAD
POMPANO BEACH FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1600 SW 6 AVE

Suite, Apt. #, etc.

BOCA RATON FL

Zip
33432

Country

PALM BEACH

4. FEI Number 59-1529412

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

GREENBAUM, CLIFFORD M.
2220 POWERLINE ROAD
POMPANO BEACH FL

Name

Street Address (P.O. Box Number is Not Acceptable)

1600 SW 6 AVE

City
BOCA RATON

FL

Zip Code
33432

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 CLIFFORD M GREENBAUM PRESIDENT

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 PD ☐ Delete
NAME GREENBAUM, CLIFFORD M.
STREET ADDRESS 2220 POWERLINE RD.
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1600 SW 6 AVE
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete
NAME GREENBAUM, FANNY
STREET ADDRESS 2220 POWERLINE RD.
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1600 SW 6 AVE
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CLIFFORD GREENBAUM 4/27/01 561-3923422

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90223 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)