

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F67776**

1. Entity Name
DIE CAST ASSOCIATES, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90147 013 ***550.00

Principal Place of Business
**197 SUMMIT AVE
POMPTON LAKES NJ 07442
US**

Mailing Address
**197 SUMMIT AVE
POMPTON LAKES NJ 07442
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2156531**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ROBBINS, JACK
5280 N. OCEAN DR. APT 15A
SINGER ISLAND FL 33404**

Name **ROBBINS, JACK**
Street Address (P.O. Box Number is Not Acceptable)
**5280 N. OCEAN DR.
APT. 16-F**
City **SINGER ISLAND** **FL** Zip Code **33404**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBBINS, JACK	
STREET ADDRESS	5280 N OCEAN DR APT 15A 16-F	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBBINS, BARBARA	
STREET ADDRESS	197 SUMMIT AVE	
CITY-ST-ZIP	POMPTON LAKES NJ 07442	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **JACK ROBBINS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00
Date

973-835-1078
Daytime Phone #