

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90147 022 ***150.00

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DOCUMENT # **F67776**

1. Entity Name
DIE CAST ASSOCIATES, INC.



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

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



2. Principal Place of Business
5280 N. OCEAN DRIVE

3. Mailing Address
5280 N. OCEAN DRIVE

Suite, Apt. #, etc.
REACHES CONDO - APT 16-F

Suite, Apt. #, etc.
REACHES CONDO - APT 16-F

CHECK HERE IF MAKING CHANGES

City & State
SINGER ISLAND, FL

City & State
SINGER ISLAND, FL.

4. FEI Number **59-2156531**

Applied For
 Not Applicable

Zip
33404

Country
USA

Zip
33404

Country
USA

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 16-F
SINGER ISLAND FL 33404**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jack Robbins*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBBINS, JACK	
STREET ADDRESS	5280 N OCEAN DR APT 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		

12. 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 10 or Block 11 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

1/22/03 **561-844-5083**
Date Daytime Phone #

CFR2034 (10/02)