

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003047

1. Entity Name

HIRSCH METALS CORPORATION

Principal Place of Business

Mailing Address

6001 BROKEN SOUND PARKWAY
SABRE CENTER II, SUITE 502
BOCA RATON FL 33487

6001 BROKEN SOUND PARKWAY
SABRE CENTER II, SUITE 502
BOCA RATON FL 33487-2765

MOVED TO:

2. Principal Place of Business

3. Mailing Address

4733 W. ATLANTIC AVE.

4733 W. ATLANTIC AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 12

SUITE 12

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH, FL

Zip

Country

Zip

Country

33445 USA

33445 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIRSCH, RONALD J

6001 BROKEN SOUND PARKWAY
SABRE CENTER II, SUITE 502
BOCA RATON FL 33487

4733 W. ATLANTIC AVE.
SUITE 12
DELRAY BEACH, FL
33445

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

R. J. HIRSCH, PRESIDENT

R. J. Hirsch

1-11-2000

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PTD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	HIRSCH, RONALD J	6001 BROKEN SOUND PARKWAY	BOCA RATON FL 33487	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		4733 W. ATLANTIC AVE	DELRAY BEACH, FL 33445	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VSD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	HIRSCH, SANDRA	6001 BROKEN SOUND PARKWAY	BOCA RATON FL 33487	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		4733 W. ATLANTIC AVE	DELRAY BEACH, FL 33445	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

R. J. HIRSCH, PRESIDENT

R. J. Hirsch

Date

1-11-2000

Daytime Phone #

561-638-3411