

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90383 046 ***150.00

DOCUMENT # F95000002744

1. Entity Name

SYTECH METALS INT'L CORP.

Principal Place of Business

Mailing Address

7765 LAKE WORTH ROAD
SUITE 335
LAKE WORTH FL 33467

7765 LAKE WORTH ROAD
SUITE 335
LAKE WORTH FL 33467-2536

2. Principal Place of Business

3. Mailing Address

10529 LAUREL ESTATES LN 7765 LAKE WORTH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH FL LAKE WORTH, FLORIDA

Zip

Country

Zip

Country

33467 PALM BEACH 33467 PALM BEACH

4. FEI Number 11-3098864

Applied For

Not Applied For

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	KRICHMAR, SEYMOUR	
STREET ADDRESS	4553 CARLTON GOLF DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KRICHMAR, MARILYN	
STREET ADDRESS	4553 CARLTON GOLF DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SEYMOUR KRICHMAR	<input checked="" type="checkbox"/> Change
NAME	10529 LAUREL ESTATES LANE	
STREET ADDRESS	LAKE WORTH, FL 33467	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	MARILYN KRICHMAR	<input checked="" type="checkbox"/> Change
NAME	10529 LAUREL ESTATES LANE	
STREET ADDRESS	LAKE WORTH, FL 33467	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 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 #

SY B. KRICHMAR

2/1/00

561-967-02.