

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
 04-09-2001 90067 018 \*\*\*150.00

0249140

**DOCUMENT # F99000006320**

1. Entity Name

**PMA FABRICATORS, INC.**

Principal Place of Business  
**1054 NORTHWEST 52ND STREET  
 FORT LAUDERDALE FL 33309**

Mailing Address  
**1054 NORTHWEST 52ND STREET  
 FORT LAUDERDALE FL 33309**

**C0043583**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**12124-12<sup>TH</sup> AV. SO.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BURNSVILLE MN**

4. FEI Number **41-1949628**

Applied For

Not Applicable

Zip

Country

Zip

Country

**55337**

**U.S.A.**

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

**WALLACE, DEAN  
 1054 NORTHWEST 52ND STREET  
 FORT LAUDERDALE FL 33309**

Name  
**WILLIAM E. BRALEY**

Street Address (P.O. Box Number is Not Acceptable)  
**1054 NW 52ND STREET**

City  
**FT. LAUDERDALE**

**FL**

Zip Code  
**33309**

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

*William Braley*

**3/10/01**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCT  
 HEID, THOMAS P  
 12124 12TH AVENUE SOUTH  
 BURNSVILLE MN 55337** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCVS  
 LOPEZ, RICHARD K  
 12124 12TH AVENUE SOUTH  
 BURNSVILLE MN 55337** ☐ Delete

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

TITLE  
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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:

*Tom Heid*

**4-4-2001**

**(952) 890-1511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)