

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10519

1. Entity Name

CECO CHEMICAL MFG., CO.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90029 020 ***150.00

Principal Place of Business C/O BILL MATHEWS 2990 N W 73RD ST MIAMI FL 33147	Mailing Address C/O BILL MATHEWS 2990 N W 73RD ST MIAMI FL 33147-5945
---	--



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 **59-2248250**

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

MATHEWS, BILL
2990 NW 73RD STREET
MIAMI FL

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) **#1**

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	D	<input type="checkbox"/> Delete
NAME	MATHEWS, BILL	
STREET ADDRESS	1280 MATHEWS STREET	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, CATHERINE	
STREET ADDRESS	1280 MATHEWS STREET	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOMBROWSKY, ROBERT	
STREET ADDRESS	2421 SW 87TH AVE.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATHEWS, STEVE	
STREET ADDRESS	19343 SW 5TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, STEVE	
STREET ADDRESS	19343 SW 5TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMBROWSKY, ROBERT	
STREET ADDRESS	2421 SW 87TH AVE	
CITY-ST-ZIP	MIRAMAR FL. 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)