

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90050 020 ***150.00

DOCUMENT # G10519

1. Entity Name
CECO CHEMICAL MFG., CO.

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**



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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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** Delete
 NAME: **MATHEWS, BILL**
 STREET ADDRESS: **1280 MATHEWS STREET**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **MATHEWS, CATHERINE**
 STREET ADDRESS: **1280 MATHEWS STREET**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **P** Delete
 NAME: **MATHEWS, STEVE**
 STREET ADDRESS: **19343 SW 5TH ST**
 CITY-ST-ZIP: **PEMBROKE PINES FL 33029**

TITLE: **P** Change Addition
 NAME: **MATHEWS, STEVE**
 STREET ADDRESS: **19431 NW 7th ST**
 CITY-ST-ZIP: **PEMBROKE PINES, FL. 33029**

TITLE: **VP** Delete
 NAME: **DOMBRESKY, ROBERT**
 STREET ADDRESS: **2424 SW 87TH AVE**
 CITY-ST-ZIP: **MIRAMAR FL 33025**

TITLE: **VP** Change Addition
 NAME: **DOMBROWSKY, ROBERT**
 STREET ADDRESS: **744 SW 159 LN**
 CITY-ST-ZIP: **PEMBROKE PINES, FL. 33027**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change 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: Steve Mathews 2/21/02 305-691-3660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)