

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G22339

1. Entity Name

SOUTHBROOK METALS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90191 028 ***150.00

Principal Place of Business

Mailing Address

712-A SOUTH DIXIE HWY
HALLANDALE FL 33009
US

712-A SOUTH DIXIE HWY
HALLANDALE FL 33009-7042
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2290179

Applied For

Not Applicable

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

SMALL, JESSE, CPA
409 W. HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Name **Jack Feinstein**
Street Address (P.O. Box Number is Not Acceptable)
3500 MYSTIC POINT DR.
City **N. Miami Bch.** FL Zip Code **33180**

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

Jack Feinstein

4/26/00

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	PT	<input type="checkbox"/> Delete
NAME	FEINSTEIN, JACK	
STREET ADDRESS	3500 MYSTIC POINT DR	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33180	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FEINSTEIN, HONEY	
STREET ADDRESS	3500 MYSTIC POINT DR	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33180	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	SMALL, JESSE	
STREET ADDRESS	407 W. HALLANDEL	
CITY-ST-ZIP	HALLANDALE FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Jack Feinstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 954-455-8655

Date

Daytime Phone #

CR2E034 (9/99)