2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57458 Apr 23, 2000 8:00 am Secretary of State 1. Entity Name D.C. SHEET METAL, INC. 04-23-2000 90055 029 ***150.00 Principal Place of Business Mailing Address 21495 SW 183 AVE 21495 SW 183 AVE MIAMI FL 33138-2431 MIAMI FL 33187 3. Mailing Address 2. Principal Place of Business 103 Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2773036 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name KUKER, HOWARD L. Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BLVD. SUITE 508 **MIAMI FL 33156** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE CALFEE, MARK D. NAME NAME CALFEE, MARK D. STREET ADDRESS STREET ADDRESS 21495 SW 183 AVE 2617 Athens Highway CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Elberton, GA 30635 Change ☐ Addition ☐ Delete TITLE CALFEE, MARY Y CALFEE, MARY Y. NAME NAME STREET ADDRESS STREET ADDRESS 21495 SW 183 AVE 236 NE-103rd Street-CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Miami Shores, Fl ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.