## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **J61007** 01-29-2000 90094 048 \*\*\*150.00 HADCO ALUMINUM AND METALS CORP. OF FLORIDA Principal Place of Business Mailing Address 2221 MW 18TH ST. 2221 MW 18TH ST POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2798184 ان المراكب الأمراك Not Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIENER, JESSE L. VILLA-12 36±L 3540 N. 36TH AVENUE, VILLA 12 ALLEY HOLLYWOOD FL 33021 Zip Code H5LLY LW 8. The above paried 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) 9. This comporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS PTD Delete TITLE ☐ Change TITLE NAME GORMEZANO, HYMAN NAME STREET ADDRESS STREET ADDRESS 1458 BEECH ST CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BOH NY PRES. Change TITLE Delete TITLE WIENER, ZESSE L. WIENER, JESSE L. NAME NAME 3650-N. 36TH AVE. VILLA-12 STREET ADDRESS 3540 N 36TH AVE VILLA 12 STREET ADDRESS HOLLYWOOD FL 3302 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL SECY! (TREAS. HOLLBURG. MA TITLE ☐ Delete TITLE HOLLBURG, MAY NAME NAME STREET ADDRESS STREET ADDRESS 6641 73RD PL 6641 - 73RD CITY-ST-ZIP 11379 CITY-ST-ZIP MIDDLE VILLAGE NY ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change $\square$ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change $\square$ TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Daytime Phone #

SIGNATURE GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

changed, or on an attach

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 ::

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 the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block of changed, or on an attachment with an address, with all other like empowered.