

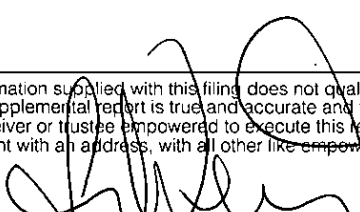
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90151 003 ***150.00

00046796

DO NOT WRITE IN THIS SPACE

DOCUMENT # K73312 1. Entity Name FLORIDA FIREARMS CORPORATION			
Principal Place of Business C/O Irving Weissbrod 11060 Biscayne Blvd. North Miami, Fl. 33161		Mailing Address C/O Irving Weissbrod 11060 Biscayne Blvd. N. Miami, Fl. 33161	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number Not Applicable		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Weissbrod, Irving 11060 Biscayne Blvd. North Miami, FL. 33161		7. Name and Address of New Registered Agent 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) ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP D Weissbrod, Irving 11060 Biscayne Blvd. North Miami, Fl. 33161 ☐ Delete		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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: 		Date 4-25-01 Daytime Phone # 305-893-6500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (11/00)