

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000637

1. Entity Name

METAL SHIELD, L.L.C.

FILED

01 JAN 18 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7981 W. 25TH COURT  
HIALEAH FL 33016

Mailing Address

7981 W. 25TH COURT  
HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0974410

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, SCOTT A  
7981 W. 25TH COURT  
HIALEAH FL 33016

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR  
MICHAEL, HAIM  
STREET ADDRESS  
7981 W. 25TH COURT  
CITY-ST-ZIP  
HIALEAH FL 33016

TITLE NAME ☐ Change ☐ Addition  
800003576268--3  
-01/26/01--01042--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
MGR  
LEVINE, SCOTT A  
STREET ADDRESS  
21306 ROCKLEDGE LANE  
CITY-ST-ZIP  
BOCA RATON FL 33428-4877

TITLE NAME ☐ Change ☐ Addition  
[Signature]

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/01 (305) 625-3511  
Date Daytime Phone #

CR2E083 (11/00)