

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90073 008 ****50.00

DOCUMENT # L00000000637

1. Entity Name
METAL SHIELD, L.L.C.

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

5445 NW 24TH ST.

Suite, Apt. #, etc.

3. Mailing Address

5445 NW 24TH ST

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33063

Country

USA

City & State

MARGATE, FL

Zip

33063

Country

4. FEI Number

65-0974410

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

LEVINE, SCOTT A.

Street Address (P.O. Box Number is Not Acceptable)

5445 NW 24TH ST.

City

MARGATE

FL

Zip Code

33016

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]
 Signature, typed or printed name of registered agent and title if applicable.

SCOTT A. LEVINE OFFICER

4/3/02
 DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGR MICHAELI, HAIM	<input type="checkbox"/> Delete
STREET ADDRESS	7981 W. 25TH COURT	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE NAME	MGR LEVINE, SCOTT A	<input type="checkbox"/> Delete
STREET ADDRESS	21306 ROCKLEDGE LANE	
CITY-ST-ZIP	BOCA RATON FL 33428-4877	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SAME	
CITY-ST-ZIP	5445 NW 24TH ST. MARGATE, FL 33063	
TITLE NAME	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SAME	
CITY-ST-ZIP	5445 NW 24TH ST. MARGATE, FL 33063	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

4/3/02
 Date

954-316-5011
 Daytime Phone #

CR2E083 (9/01)