

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33191

1. Entity Name

HOUSE OF METALS, INC.

Principal Place of Business

Mailing Address

11300 N FEDERAL HIGHWAY  
SUITE 102  
BOCA RATON FL 33487  
US

11300 N FEDERAL HIGHWAY  
SUITE 102  
BOCA RATON FL 33487  
US

2. Principal Place of Business

1300 N Federal Highway

3. Mailing Address

1300 N Federal Highway

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

US

Zip

33432

Country

US

4. FEI Number

65-0160238

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOULD, ELAINE E.  
610 BOCA MARINA COURT  
BOCA RATON FL 33487

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GOULD, ELAINE E. 610 BOCA MARINA COURT BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERITZMAN, STEVEN 159 SHORE ROAD PATCHOQUE NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERITZMAN, ADELE 159 SHORE ROAD PATCHOQUE NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elaine E. Gould 04/14/00 561-362-7228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90120 001 \*\*\*\*\*8.75

04-20-2000 90120 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)