

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90243 001 \*\*\*\*\*8.75  
 04-25-2001 90243 002 \*\*\*150.00

38902



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L33191**

1. Entity Name  
**HOUSE OF METALS, INC.**

Principal Place of Business <b>1300 N FEDERAL HIGHWAY                  SUITE 102                  BOCA RATON FL 33432                  US</b>	Mailing Address <b>1300 N FEDERAL HIGHWAY                  SUITE 102                  BOCA RATON FL 33432                  US</b>
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2. Principal Place of Business <b>5301 N. FEDERAL HWY                  Suite, Apt. #, etc.                  SUITE 200                  City &amp; State                  BOCA RATON FL                  Zip                  33487                  Country                  USA</b>	3. Mailing Address <b>5301 N. FEDERAL HWY                  Suite, Apt. #, etc.                  SUITE 200                  City &amp; State                  BOCA RATON FL                  Zip                  33487                  Country                  USA</b>
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4. FEI Number <b>65-0160238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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 *Elaine Gould* **Elaine Gould** **4-16-01**  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>22067 MONTONA DRIVE BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>22067 MONTONA DRIVE BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 Gould* **Elaine Gould** **4-16-01** **561-893-9030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)