

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

0435156 AV

**DOCUMENT # L33191**

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



04-21-2003 91084 001 \*\*\*\*\*8.75  
04-21-2003 91084 002 \*\*\*150.00

Principal Place of Business  
**5301 N. FEDERAL HWY  
SUITE 200  
BOCA RATON FL 33487  
US**

Mailing Address  
**5301 N. FEDERAL HWY  
SUITE 200  
BOCA RATON FL 33487  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0160238**

Applied For  
Not Applicable

City & State

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>GOULD, ELAINE E.</b>	
STREET ADDRESS	<b>610 BOCA MARINA COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>PERITZMAN, STEVEN</b>	
STREET ADDRESS	<b>7529 SAN MATEO DR. E.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>PERITZMAN, ADELE</b>	
STREET ADDRESS	<b>7529 SAN MATEO DR. E.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elaine E. Gould*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02 561-893-9030  
ck#03210 Date 03212 Daytime Phone #

CR2E034 (10/02)