

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L63980**

1. Entity Name

**ALUMINUM RAILING INSTALLATION & REPAIR, INC.**

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90015 018 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O VINCENT FORD  
2517 N.E. 21ST STREET  
FT LAUDERDALE FL 33305-3512

360 NW 32ND COURT  
OAKLAND PARK FL 33309-6016  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0199332**

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

LAVENDER, JOEL R.  
507 SE 11TH CT  
FT LAUDERDALE FL 33316

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  
DP  
FORD, VINCENT  
360 NW 32ND COURT  
OAKLAND PARK FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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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 empowerment.

SIGNATURE: *Vincent C. Ford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT C. FORD

Date

3/17/00

Daytime Phone #

(954) 565-0260

CR2F034 (9/99)