

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # M19200**

1. Entity Name  
**ROCKWELD EQUIPMENT CO. OF FLORIDA**

Principal Place of Business 8901 S. HOLLYBROOK BLVD. #309 PEMBROKE PINES FL 33025 US	Mailing Address 8901 S. HOLLYBROOK BLVD. #309 PEMBROKE PINES FL 33025 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2580893</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GLEICHER, MILTON**  
**8901 S. HOLLYBROOK BLVD.**  
  
**PEMBROKE PINES FL 33025**  
**US**

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 \_\_\_\_\_ DATE **04/30/2000**  
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			
TITLE	VP <input type="checkbox"/> Delete	NAME	GLEICHER, ALLAN
STREET ADDRESS	15020 TETHERCLIFT ST.	CITY-ST-ZIP	DAVIE FL
TITLE	ST <input type="checkbox"/> Delete	NAME	GLEICHER, IRENE
STREET ADDRESS	8901 S. HOLLYBROOK BLVD.	CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	P <input type="checkbox"/> Delete	NAME	GLEICHER, MILTON
STREET ADDRESS	8901 S. HOLLYBROOK BLVD.	CITY-ST-ZIP	PEMBROKE PINES FL
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GLEICHER, ALLAN
STREET ADDRESS	15020 TETHERCLIFT ST.	CITY-ST-ZIP	DAVIE FL 33331
TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GLEICHER, IRENE
STREET ADDRESS	8901 S. HOLLYBROOK BLVD.	CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GLEICHER, MILTON
STREET ADDRESS	8901 S. HOLLYBROOK BLVD.	CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS		CITY-ST-ZIP	

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: MILTON GLEICHER

04/30/2000