

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M23881

1. Entity Name

RESTEK MANUFACTURING, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90196 019 \*\*\*150.00

0504003

Principal Place of Business

Mailing Address

~~5065 NE 12 TERR~~  
~~FT. LAUDERDALE FL 33334~~  
~~US~~

~~5065 NE 12 TERR~~  
~~FT. LAUDERDALE FL 33334~~  
~~US~~

60004582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*BUSINESS IS INACTIVE*  
*BUT NOT DISSOLVED*

3. Mailing Address

*PO BOX 23850*  
*FT. LAUDERDALE, FL*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0008464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

33307

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVELL, RAYMOND  
2161 N.E. 48 ST.  
LIGHTHOUSE PT. FL 33064

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, 2001 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  
FD  
LOVELL, RAYMOND R.  
2161 N.E. 48 ST.  
LIGHTHOUSE PT. FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ 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:

*R.D. Lovell Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

CR2E034 (10/00)