

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M39726

1. Entity Name

GILBERT'S IRONWORKS, INC.

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

02-17-2000 90006 041 \*\*\*150.00

Principal Place of Business

Mailing Address

14790 NW 22 AVE  
OPALOCKA FL 33054

14790 NW 22 AVE  
OPALOCKA FL 33018-1949

2. Principal Place of Business

3. Mailing Address

8839 NW 117 ST.

8839 NW 117 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH GDNS, FL.

City & State

HIALEAH GDNS, FL.

Zip

Country

33018 U.S.A

Zip

Country

33018 U.S.A.

4. FEI Number

59-2732896

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

RODRIGUEZ, LAUREANO & GILBERTO RODRIGUEZ  
14790 NW 22 AVE  
OPALOCKA FL 33054

Name

Street Address (P.O. Box Number is Not Accepted)

8839 NW 117 ST.

City

FL

Zip Code

33018

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]*

LAUREANO G. RODRIGUEZ

1/27/00

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 PD ☐ Delete  
NAME RODRIGUEZ, LAUREANO G.  
STREET ADDRESS 6267 W. 24 AVE. #101  
CITY-ST-ZIP HIALEAH FL

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 3166 W. 68 A  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RODRIGUEZ, CLAUDINA  
STREET ADDRESS 6267 W 24 AVE #101  
CITY-ST-ZIP HIALEAH FL

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 3166 W 68 PL  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]* LAUREANO G. RODRIGUEZ

1/27/00

(308) 875-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)