## 2000 UNIFORM BUSINESS REPORT (UBR)

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## **FILED** DOCUMENT # M63551 May 02, 2000 8:00 am 1. Entity Name Secretary of State ALL METALS CORPORATION 05-02-2000 90026 028 \*\*\*150.00 Principal Place of Business Mailing Address 9500 NW 12ST 9500 NW 12ST **BAY #8** BAY #8 MIAMI FL 33172 MIAMI FL 33172-2830 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-0034190 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ΛιαΜι 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name MORENO, PAULINO Street Address (P.O. Box Number is Not Acceptable) 5661 SW 130 PLACE MIAMI, FL **MIAMI FL 33183** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition PD TITLE TITLE ☐ Delete MORENO, PAULINO NAME STREET ADDRESS 5661 SW 130 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Defete TITLE TITLE MORENO, JOHANA NAME STREET ADDRESS 5661 SW 130 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMIA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR