## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 02, 2001 8:00 am DOCUMENT # P0000011578 **Secretary of State** J.F.R. INTERNATIONAL METAL BROKERS, INC. 02-02-2001 90314 024 \*\*\*150.00 Principal Place of Business Mailing Address 6804 JARVIS RD. 6804 JARVIS RD. SARASOTA FL 34241 SARASOTA FL 34241 **LUU16148** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FE! Number Applied For City & State 65-0262 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERGE, FERNAND Street Address (P.O. Box Number is Not Acceptable) 6804 JARVIS RD. SARASOTA FL 34241 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. ☐ Delete ☐ Change Addition TITLE TITLE ROBERGE, FERNAND NAME NAME 6804 JARVIS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 of supplemental report is the and acquiate 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 of 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF FICER OR DIRECT

☐ Delete

TURNAND TOBURGE

PRES.

Daytime Phone #

☐ Change

☐ Addition