FILED

## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State **DOCUMENT #** P00000017387 1. Entity Name 04-01-2002 90021 011 \*\*\*150 00 AMAZING METAL, INC. Principal Place of Business Mailing Address 4759 SW 51ST STREET 4759 SW 51ST STREET BAY #1 BAY #1 DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address <u>4703</u> SAME 5.W-Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Macy City & State City & State Applied For 4. FEI Number F APPLIED FOR aull Not Applicable \_ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name TRAVERT, NICOLE Street Address (P.O. Box Number is Not Acceptable) 4759 SW 51ST STREET **BAY #1 DAVIE FL 33314** 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. DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 4- (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President (9/01) TITLE 🔀 Change Addition TITLE Delete **PVST** Travert chustian NAME NAME TRAVERT, CHRISTIAN 4703 S.W. SIZ STREET BOY #4 CR2E034 STREET ADDRESS STREET ADDRESS 4759 SW 51ST STREET BAY #1 33314 CITY-ST-ZIP Davie CITY-ST-ZIP DAVIE FL 33314 President Delete ■ Addition TITLE TITLE Change Travert Christian NAME NAME 4703 S.W. SIZ STREET BOY#4 TRAVERT, CHRISTIAN STREET ADDRESS STREET ADDRESS 4759 SW 51ST STREET BAY #1 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete T1 Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete □ Channe ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addhess, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR