

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90186 013 ***150.00

DOCUMENT # P00000017387

1. Entity Name
AMAZING METAL, INC.



Principal Place of Business
**4702 S.W. 51 STREET
BAY
DAVIE FL 33314**

Mailing Address
**4702 S.W. 51 STREET
BAY
DAVIE FL 33314**



2. Principal Place of Business
4703 SW 51 STREET

3. Mailing Address
4703 SW 51 STREET

Suite, Apt. #, etc.
BAY #4

Suite, Apt. #, etc.
BAY #4

City & State
DAVIE FLORIDA

City & State
DAVIE FLORIDA

Zip
33314

Country
USA

Zip
33314

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

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

**TRAVERT, NICOLE
4759 SW 51ST STREET
BAY #1
DAVIE FL 33314**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ... ☐ Delete
NAME **P TRAVERT, CHRISTIAN**
STREET ADDRESS **4703 S.W. 51 STREET BAY#4**
CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ... ☐ Delete
NAME **P TRAVERT, CHRISTIAN**
STREET ADDRESS **4703 S.W. 51 STREET BAY#4**
CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ... ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTIAN TRAVERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954 321 5857
Daytime Phone #

CR2E034 (10/02)