

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**

P00000090577

1. Entity Name

3-D INDUSTRIES, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90373 029 ***150.00

Principal Place of Business

Mailing Address

00055822

2. Principal Place of Business

8880 S.W. 67th Court
Suite, Apt. #, etc.

3. Mailing Address

8880 S.W. 67th Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FloridaCity & State
Miami, Florida

4. FEI Number

☒ Applied For
☐ Not ApplicableZip
33156-1700Country
U.S.A.Zip
33156-1700Country
U.S.A.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

Name

ROSEN, BOB

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

8880 S.W. 67th Court

City

Miami,

FL

Zip Code

33156-1700

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

Bob Rosen

Bob Rosen, Registered Agent

April 30, 2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	P/T/S/D
STREET ADDRESS		STREET ADDRESS	ROSEN, BOB
CITY - ST - ZIP		CITY - ST - ZIP	8880 S.W. 67th Court
			Miami, Florida 33156-1700
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 address, with all other like empowered.

SIGNATURE:

Bob Rosen

BOB ROSEN

President

4/30/01

(305) 666-1111