# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**Aug 15, 2003 8:00 am**
**Secretary of State**
03-03-2003 90864 029 ***158.75

DOCUMENT # P00000093617

1. Entity Name
INDUSTRIAL PLATING ENTERPRISE CO.

55054296

[redacted]

Principal Place of Business
3545 NW 71ST STREET
MIAMI FL 33147

Mailing Address
3545 NW 71ST STREET
MIAMI FL 33147

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 54-2106327 ☐ 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 |
|---|---|
| FERNANDEZ, ANDRES<br>3545 NW 71ST STREET<br>MIAMI FL 33147 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>FERNANDEZ, ANDRES<br>3545 NW 71ST STREET<br>MIAMI FL 33147 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (10/02)

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:** SIGNATURE REQUIRED 02/27/03 305-835-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
55054296
P00000093617

AMERICAN AMMUNITION

7350

Vendor No DIVCO /Name FLORIDA DEPARTMENT OF STATE

| Invoice | Reference | Inv Date | Inv Amt | Amt Paid | *Discount | Adj Amt | Net Amt |
|---|---|---|---|---|---|---|---|
| | 2003 UBR | 01/16/03 | 158.75 | 158.75 | 0.00 | 0.00 | 158.75 |

(Acct: 10120- Check Date =02/27/0 Total = ****158.75

AMERICAN AMMUNITION

TOTAL BANK
MIAMI, FL
63-915/660 40

7350

***One Hundred Fifty-Eight & 75/100 Dollars

DATE 02/27/03

AMOUNT ****158.75

PAY TO THE ORDER OF

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

NOT-NEGOTIABLE

AUTHORIZED SIGNATURE

⑈007350⑈ ⑆066009155⑆ 0019116106