2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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	Mailing Address
3545 NW 71ST STREET	3545 NW 71ST STREET
MIAMI FL 33147	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~~	Name
3545 NW 71ST STREET	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33147	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD FERNANDEZ, ANDRES 3545 NW 71ST STREET MIAMI FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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
P0000093617

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" [illegible]