FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State
06-05-2002 90412 042 ***150.00

DOCUMENT # P01000017421

1. Entity Name
PRIORITY METALS, INC.

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116957

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2. Principal Place of Business	3. Mailing Address
10372 NW 55 STREET	10372 NW 55 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FL	City & State: SUNRISE, FL
Zip: 33351 Country: BROWARD/USA	Zip: 33351 Country: BROWARD/USA

4. FEI Number: 65-1075987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MITCHELL N. BRUCKNER

Street Address: (P.O. Box Number is Not Acceptable) 4992 N. PINE ISLAND ROAD

City: LAUDERHILL FL 33351

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: MITCHELL N. BRUCKNER 5/31/02
Signature of MEMBER or authorized representative 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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	DELLA VALLE, ROSE
STREET ADDRESS	1809 NW 98 AVENUE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP,D,S
NAME	KEEGAN, LYNDA
STREET ADDRESS	1809 NW 98 AVENUE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP,D,T
NAME	BRUCKNER, MITCH
STREET ADDRESS	4992 N. PINE ISLAND ROAD
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Della Valle, PRESIDENT 5/31/02 954-578-7809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #