

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90450 024 \*\*\*150.00

**DOCUMENT # P02000022487**

1. Entity Name  
**ISLAND FENCE AND SUPPLIES, INC.**



Principal Place of Business  
**1281 NIGHTTINGALE AVENUE  
MIAMI SPRINGS FL 33166**

Mailing Address  
**1281 NIGHTTINGALE AVENUE  
MIAMI SPRINGS FL 33166**

2. Principal Place of Business  
**711 OKEECHOBEE RD**

3. Mailing Address  
**711 OKEECHOBEE RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**HIALEAH FL**

City & State  
**HIALEAH FL**

4. FEI Number  
**04-3628051**

Applied For  
Not Applicable

Zip  
**33010**

Country

Zip  
**33010**

Country

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

**6. Name and Address of Current Registered Agent**

**KEIL, DANIEL M P.A.  
3165 WEST 4TH AVENUE  
HIALEAH FL 33012**

**7. Name and Address of New Registered Agent**

Name  
**LOPEZ, PLACIDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**711 OKEECHOBEE RD**  
City **HIALEAH** **FL** Zip Code  
**33010**

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 **x** *Placido Lopez*  
Signature, typed or printed name of registered agent and title if applicable.

**PLACIDO LOPEZ, PRES**  
(NOTE: Registered Agent signature required when reinstating)

**4/15/03**  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, PLACIDO 1281 NIGHTTINGALE AVENUE MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOMINGUEZ, AMAURY 1281 NIGHTTINGALE AVENUE MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, PLACIDO 711 OKEECHOBEE RD HIALEAH, FL 33010	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: **x** *Placido Lopez* **PLACIDO LOPEZ PRES.** **4/15/03** **305.888-9090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)