

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **093000040559**

1. Entity Name

STANLEY INDUSTRIES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 21 AM 11:07

Principal Place of Business
OPA LOCKA, FLORIDA

Mailing Address
14851 NW 27th AVENUE
OPA LOCKA, FL 33054

2. Principal Place of Business
OPA LOCKA, FLORIDA

3. Mailing Address
14851 NWA27th AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OPA LOCKA, FLORIDA

City & State
OPA LOCKA, FLORIDA

4. FEI Number
650417262

Applied For
Not Applicable

Zip
33054

Country
USA

Zip
33054

Country
USA

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

STEVE STANLEY
921 NW 122nd AVENUE
PLANTATION, FL 33325

Name

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

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.

SIGNATURE _____
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 WITH FEES \$150.00
After MAY 1, 2001 Fee will be \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P/T/S/V
STEVE STANLEY ☐ Delete
STREET ADDRESS
921 NW 122nd AVENUE
CITY-ST-ZIP
PLANTATION, FL 33325

TITLE
NAME
V
PHILLIP MIKULEC ☒ Change ☒ Addition
STREET ADDRESS
10840 SW 1st COURT
CITY-ST-ZIP
CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600004449506--1
-06/28/01--01043--003
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/01

Date

305-687-6760

Daytime Phone #

CR2E034 (11/00)