

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016641

1. Entity Name
A 1 FOLDING GATE MFG. INC.

Principal Place of Business
**8040 NW 103 ST.
BAY 49
HIALEAH GARDENS FL 33016**

Mailing Address
**8040 NW 103 ST.
BAY 49
HIALEAH GARDENS FL 33016**

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 **65-0478907**

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

**HETTINGA, GERARD
8330 NW 103 ST.
105
HIALEAH GARDENS FL 33016**

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!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **HETTINGA, GERARD**
STREET ADDRESS **8330 NW 103 ST., -105**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

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

TITLE **SDT** ☐ Delete
NAME **HETTINGA, REBECCA**
STREET ADDRESS **8330 NW 103 ST., -105**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

700008838127
11/06/02--01126--003 **150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)



OCEAN BANK

September 30, 2002

FL DEPART OF STATE

Attn: Division of Corp.

PO Box 6327

Tallahassee, FL 32314

**RE: A 1 Folding Gate Mfg., Inc.
Doc #P64000016641**

Dear Gentleman:

As per the request of our customer mentioned above we hereby inform you that check #6159 in the amount of \$150.00 was returned to you unpaid. Unfortunately, this was due by the account being on a frozen status requested by the I.R.S.

Any courtesies that you may extend to our customer will be greatly appreciated. Should you require any additional information, please do not hesitate to contact us.

Sincerely,

OCEAN BANK


**Jorge Joya
Vice President
& Branch Manager**

JJ/fm