

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90380 001 ***300.00

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DOCUMENT # P94000021428

1. Entity Name
ENVIRONMENTAL ALLOYS, INC.



Principal Place of Business
ATTN: JEFFREY KUNKEL
~~2121 BLOUNT ROAD~~
POMPANO BEACH FL 33069

Mailing Address
ATTN: JEFFREY KUNKEL
~~2121 BLOUNT ROAD~~
POMPANO BEACH FL 33069

2. Principal Place of Business

2504 N.W. 19 St

3. Mailing Address

2504 NW 19 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33069

Country

Broward

Zip

33069

Country

Broward

4. FEI Number

65-0475043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KUNKEL, JEFFREY
2121 BLOUNT ROAD
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

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. 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

TITLE **VDS** ☐ Delete
NAME **GROSSMAN, DANIEL V**
STREET ADDRESS **112 WESTERN DR**
CITY-ST-ZIP **SHORT HILLS NJ 07078**

TITLE **V** ☐ Delete
NAME **KUNKEL, JEFFREY**
STREET ADDRESS **2121 BLOUNT ROAD**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03

954-973-8400 x112

CR2E034 (10/02)