

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020647

1. Entity Name

ACTION FABRICATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90103 021 ***158.75

Principal Place of Business

Mailing Address

3120 S PEMBROKE RD
212 & 112
PEMBROKE PINES FL 33023
US

5015 SW 92 TERR
COOPER CITY FL 33328-3533
US

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.
9420 SW 53 ST

City & State

City & State
Cooper City

Zip

Country

Zip
33328

Country

BROWARD

4. FEI Number

NOT APPLICABLE

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

COHEN, ARTHUR P ESQ
1 EAST BROWARD BLVD.
SUITE 700
FT. LAUDERDALE FL 33301

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	SQUARTINO, GLORIA	
STREET ADDRESS	5015 SW 92 TERR	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	V	<input type="checkbox"/> Delete
NAME	SQUARTINO, FRANK	
STREET ADDRESS	5015 SW 92 TERR	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUARTINO, GLORIA	
STREET ADDRESS	9420 SW 53 ST COOPER	
CITY-ST-ZIP	CITY FL 33328	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUARTINO, FRANK	
STREET ADDRESS	9420 SW 53 ST	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE:

Frank Squartino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-00

Daytime Phone #

954 986 2547

CR2E034 (9/99)