

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057454

1. Entity Name

METAL FABRICATORS, INC.

Principal Place of Business

4450 SW 61 AVENUE #2  
DAVIE FL 33314

Mailing Address

4450 SW 61 AVENUE #2  
DAVIE FL 33314-3627

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

65-0610336

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

DOLAN, JUDITH A  
4450 SW 61 AVE., #2  
DAVIE FL 33314

Name

RALPH SILEO

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

4450 SW 61 AVE., #2

City

DAVIE, FL

FL

Zip Code

33314

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

*Ralph Sileo*

RALPH SILEO

4-24-00

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	VPTS	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, JUDITH A	
STREET ADDRESS	4450 SW 61 AVENUE #2	
CITY-ST-ZIP	DAVIE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SILEO, RALPH	
STREET ADDRESS	4450 SW 61 AVENUE #2	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Ralph Sileo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

954 321 6215



DO NOT WRITE IN THIS SPACE

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90067 032 \*\*\*150.00