2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowe

SIGNATURE:

DOCUMENT # **P96000023166** Jun 08, 2000 8:00 am Secretary of State MACH 2 METALS, INC. 06-08-2000 90015 014 ***150.00 Principal Place of Business Mailing Address 12728 59TH WAY N 12728 59TH WAY N CLEARWATER FL 33760-3906 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FÉI Number 65-0649302 Not Applicable Zip Country Zip . Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Begistered Agent 6. Name and Address of Current Registered Agent GARCIA, MARLENE Street Address (P.O. Box Number is Not Acceptable **AVILA & GARCIA** 601 BRICKELL KEY DR., STE. E 2300 ATTN: DAVE PUNZAK **MIAMI FL 33131** PETERSBURG or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named eg SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME CYR. ANN STREET ADDRESS STREET ADDRESS **68 ANTHONY RD SOUTH** CITY-ST-ZIP CITY-ST-ZIP TOLLAND CT Change ☐ Addition ☐ Delete TITLE TITLE VOSHALL, TAMES S 2166 LANAI NAME VOSHALL, JAMES S NAME STREET ADDRESS STREET ADDRESS 1194 SE FIRST TERRACE CITY-ST-ZIF BELLEAIR BLUFFS, FL 33**74**0 CITY-ST-7IP **DEERFIELD BEACH FL 33441** ☐ Addition TITLE ☐ Delete TITLE NAME CYR_CLIFFORD_ NAME STREET ADDRESS **68 ANTHONY RD SOUTH** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TOLLAND CT** TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

JAMES VOSHALL UP MACH 2 METALS 4-14-00