

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028075

1. Entity Name

MOWRY EXPLOSIVES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90068 042 ***150.00

Principal Place of Business

Mailing Address

30220 SW 172 COURT
HOMESTEAD FL 33030

30220 SW 172 COURT
HOMESTEAD FL 33030-4823

2. Principal Place of Business

21601 S.W. 189 Ave.

3. Mailing Address

21601 S.W. 189 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FLORIDA

MIAMI, FLORIDA

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

33170

Country

U.S.

Zip

33170

Country

U.S.

4. FEI Number

65-0660112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOWRY, LEONARD H
30220 SW 172 COURT
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

MOWRY, LEONARD H.

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

21601 S.W. 189 Ave.

City

MIAMI

FL

Zip Code
33170

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

Leonard Mowry Leonard Mowry - President

3/31/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MOWRY, LEONARD H	
STREET ADDRESS	30220 SW 172 COURT	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOWRY, SUZANNE D	
STREET ADDRESS	30220 SW 172 COURT	
CITY-ST-ZIP	HOMESTEAD FL 33030	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWRY, LEONARD H.	
STREET ADDRESS	21601 S.W. 189 Ave.	
CITY-ST-ZIP	MIAMI, FL. 33170	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWRY, SUZANNE D.	
STREET ADDRESS	21601 S.W. 189 Ave.	
CITY-ST-ZIP	MIAMI, FL 33170	
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		
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:

Leonard Mowry Leonard Mowry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

(305) 245-2828

Daytime Phone #

CR-10014 (9/99)