

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90310 020 ***150.00

DOCUMENT # P96000068667

1. Entity Name
METALSOURCE CORPORATION

Principal Place of Business

Mailing Address

~~7431-34 WEST ATLANTIC AVENUE #108~~
 DELRAY BEACH FL 33446

~~7431-34 WEST ATLANTIC AVENUE #108~~
 DELRAY BEACH FL 33446

7584 Charing Cross Lane

7584 Charing Cross Lane

2. Principal Place of Business

3. Mailing Address

7584 Charing Cross Lane

7584 Charing Cross Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DeRay Beach, FL

DeRay Beach, FL

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0691681

Applied For
 Not Applicable

Zip 33446 Country Palm Beach

Zip 33446 Country Palm Beach

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

SILVERSTEIN, LOIS

~~7431-34 WEST ATLANTIC AVENUE #108~~
 DELRAY BEACH FL 33446

Name

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

7584 Charing Cross Lane

City DeRay Beach

FL

Zip Code 33446

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 _____ (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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	SILVERSTEIN, LOIS	
STREET ADDRESS	7431-34 WEST ATLANTIC AVENUE #108	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SILVERSTEIN, JOEL	
STREET ADDRESS	7431-34 WEST ATLANTIC AVENUE #108	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7584 Charing Cross Lane
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7584 Charing Cross Lane
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:

Joel Silverstein **JOEL SILVERSTEIN** 4/12/02 561-485334
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)