

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085961

1. Entity Name

DURAMEX INC.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90082 043 ***150.00

Principal Place of Business

8231 SW 9TH COURT
NORTH LAUDERDALE FL 33068

Mailing Address

6100 SW 15 ST
POMPANO BEACH FL 33068-4533
US

2. Principal Place of Business

6100 S.W 15 ST

3. Mailing Address

6100 S.W 15 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

4. FEI Number

65-0723364

Applied For

Not Applicable

Zip

33068

Country

U.S.A

Zip

33068

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSTAMANTE, ZOILA
8231 SW 9TH COURT
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME BUSTAMANTE, MARIO
STREET ADDRESS 8231 SW 9TH COURT
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE D ☐ Delete
NAME BUSTAMANTE, ZOILA
STREET ADDRESS 8231 SW 9TH COURT
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Zoila Bustamante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-00

Date

954-931-6904

Daytime Phone #