


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90055 035 \*\*\*150.00

**DOCUMENT # P96000096131**

1. Entity Name  
**NU-COAT INDUSTRIES, INC.**



Principal Place of Business  
**7709 WEST 20TH AVENUE  
HIALEAH FL 33014**

Mailing Address  
**7709 WEST 20TH AVENUE  
HIALEAH FL 33014**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**14025 NW 60 AVE**  
Suite, Apt. #, etc.

City & State  
**MIAMI LAKES FL**

Zip Country  
**33014 USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0718946** Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMILTON, BARCLAY M  
7709 WEST 20TH AVENUE  
HIALEAH FL 33014**

7. Name and Address of New Registered Agent

Name **BARCLAY M HAMILTON**

Street Address (P.O. Box Number is Not Acceptable)  
**14025 NW 60 AVE**

City **MIAMI LAKES FL** Zip Code **33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/11/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABBATE, FLORIO J</b>	
STREET ADDRESS	<b>13925 NORTHWEST 60TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALOI, FRANK A</b>	
STREET ADDRESS	<b>7441 NORTHWEST 6TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, BARCLAY M</b>	
STREET ADDRESS	<b>795 NORTHWEST 155TH TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABBATE, FLORIO J</b>	
STREET ADDRESS	<b>14025 NW 60 AVE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON, BARCLAY M</b>	
STREET ADDRESS	<b>14025 NW 60 AVE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/11/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)