

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90116 049 ***150.00

DOCUMENT # P97000003681

1. Corporation Name

URECOATS INTERNATIONAL, INC.

Principal Place of Business

3475 SHERIDAN STREET
SUITE 301
HOLLYWOOD FL 33021

Mailing Address

3475 SHERIDAN STREET
SUITE 301
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1997

4. FEI Number

65-0736269

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 4100 N. Powerline Rd
Suite, Apt. #, etc.

22 Ste F-1

23 Pompano Beach FL
City & State

24 33073 25 U.S.
Zip Country

2a. Mailing Address

26 4100 N Powerline Rd
Suite, Apt. #, etc.

27 Ste F-1

28 Pompano Beach, FL
City & State

29 33073 30 U.S.
Zip Country

9. Name and Address of Current Registered Agent

ADAMS, MICHAEL T
3475 SHERIDAN STREET
SUITE 301
HOLLYWOOD FL 33021

10. Name and Address of ~~new~~ Registered Agent (Corrected)

81 Name

Adams, Michael T.

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

4100 N. Powerline Rd.

83

Ste F-1

84 City

Pompano Beach

FL

85 Zip Code

33073

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME ADAMS, MICHAEL T

STREET ADDRESS 1883 DISCOVERY WAY

CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ DELETE

NAME GARGANO, CHARLES

STREET ADDRESS 300 EAST 56TH STREET #31-C

CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☒ DELETE

NAME WEISER, HOWARD

STREET ADDRESS 8632 NW 54TH STREET

CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME Adams, Michael T.

1.3 STREET ADDRESS 1833 Discovery Way

1.4 CITY-ST-ZIP Deerfield Beach FL 33442

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael T. Adams, President MICHAEL T. ADAMS

4/29/99

954.977-5428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)