## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 12, 2001 8:00 am DOCUMENT # **P97000012444 Secretary of State** 1. Entity Name ATAP METAL WORKS, INC. 03-12-2001 90433 033 \*\*\*150.00 Principal Place of Business Mailing Address 14075 NW 19 AVE. 14075 NW 19 AVE. OPA-LOCKA FL 33054 OPA-LOCKA FL 33054 929168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0737668 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-CLINE, RICHARD E JR. Street Address (P.O. Box Number is Not Acceptable) 14075 NW 19 AVE. OPA-LOCKA FL 33054 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DPST TITLE ☐ Delete TITLE Change NAME CLINE, RICHARD E JR: NAME STREET ADDRESS 7618 FAIRWAY BLVD. STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP MIRAMAR FL 33023 TITLE Delete TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP\_ TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receiper or trustee empowered to execute his 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 of the corpowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR