

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019817

1. Entity Name

SECMOLD, INC.

Principal Place of Business

Mailing Address

14427 NW 60TH AVENUE  
MIAMI LAKES FL 33014

14427 NW 60TH AVENUE  
MIAMI LAKES FL 33014-2806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHAN, NORMAN H  
14427 NW 60TH AVENUE  
MIAMI LAKES FL 33014

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COHAN, NORMAN H	
STREET ADDRESS	14427 NW 60TH AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	GOMEZ, ENIDIO	
STREET ADDRESS	14427 NW 60TH AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	VAINSTEIN, ISRAEL	
STREET ADDRESS	14427 NW 60TH AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WALLER, DAVID	
STREET ADDRESS	14427 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DONATI, DALE A	
STREET ADDRESS	14427 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPF/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLER, DAVID	
STREET ADDRESS	14427 NW 60TH AVENUE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMESON, JAMES	
STREET ADDRESS	14427 NW 60TH AVENUE	
CITY-ST-ZIP	MAIMI LAKES, FL 33014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Waller

Date

Daytime Phone #

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90035 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**