FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am Secretary of State P97000022133 DOCUMENT # 1. Entity Name INDUMET, INC. 04-24-2002 90423 001 \*\*\*\*\* 50 04-24-2002 90423 002 \*\*\*150.00 Principal Place of Business Mailing Address 3760 N.W. 80TH ST. 3760 N.W. 80TH ST. MIAMI FL 33147 **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0733555 Not Applicable Zip Country Zip 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 Name VENTURA, WORGE VENTURA, JORGE Street Address (P.O. Box Number is Not Acceptable) 820 EAST 39 PLACE HIALEAH FL 33013 Zip Code 330/6 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity a SIGNATURE e of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE THE Delete VENTURA, WORGE VENTURA, JORGE NAME NAME 8210 NW 162 5T 820 EAST 39 PLACE STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE RAMOS, JOSE O NAME NAME STREET ADDRESS 3725 NW 80 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP ☐ Delete Change Ch ☐ Addition TITLE VENTURA, ARMINDA VENTURA, ARMINDA NAME NAME 8110-NW-162-57 STREET ADDRESS 820 EAST 39TH PLACE STREET ADDRESS MIAN; LAKES. 33016 HIALEAH FL 33013 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in Block 11 or Block 12 if

SIGNATURE:

ss, with all other like empowered.

Judythy To Rye Venture, Resident 04/17/2002 304-494-0030 GNATOREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #