

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035543

1. Entity Name

R & R SHEET METAL FABRICATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90001 045 ***150.00

Principal Place of Business

Mailing Address

~~1400 DOLGNER PL #112~~
SANFORD FL 32771

~~1400 DOLGNER PL #112~~
SANFORD FL 32771-8519

0 0 0 0 0 0

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1513 DOLGNER PLACE

Suite, Apt. #, etc.

1513 DOLGNER PLACE

City & State
SANFORD, FL

City & State
SANFORD, FL

4. FEI Number 59-3448167

Applied For
Not Applicable

Zip
32771

Country
Seninola

Zip
32771

Country
Seninola

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLATERO, ROBERTO

~~1400 DOLGNER PL #112~~ 1513 Dolgner Place
SANFORD FL 32771

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 D ☐ Delete
NAME PLATERO, ROBERTO
STREET ADDRESS ~~1400 DOLGNER PL #112~~ 1513 Dolgner Place
CITY-ST-ZIP SANFORD FL 32771

TITLE TS ☐ Change ☒ Addition
NAME ROSA PIATERO
STREET ADDRESS 1513 Dolgner Place
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

04-11-00 320-0860