

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90049 038 \*\*\*150.00

**DOCUMENT # P97000040906**

1. Entity Name

**ALL CONSTRUCTION FASTENING SYSTEMS, INC.**

Principal Place of Business

Mailing Address

~~4651 SW 51ST ST~~

~~4651 SW 51ST ST~~

~~#808~~

~~#808~~

**DAVIE FL 33314**

**DAVIE FL 33314**

**US**

**US**

2. Principal Place of Business

**1201 SW 4TH AVE**

3. Mailing Address

**P.O. Box 637**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DAVIA BEACH, FL**

City & State

**DAVIA BEACH, FL**

Zip

**33004**

Country

Zip

**33004**

Country

4. FEI Number

**65-0789975**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLUSKY, HARRY I**  
**13349 N.W. 7TH STREET**  
**PLANTATION FL 33325**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **P** ☐ Delete  
NAME **GLUSKY, HARRY I**  
STREET ADDRESS **13349 NW 7TH ST**  
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **VP** ☐ Delete  
NAME **FLUR, GARY**  
STREET ADDRESS **11861 NW 26 ST**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33323**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **13951 SW 31 STREET**  
CITY-ST-ZIP **DAVIE, FL 33330**

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02 (254) 920-9192**  
Date Daytime Phone #

0321667 AV

11/01/02 15:01