

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051954

1. Entity Name:  
**METALEX TECH, INC.**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90491 041 \*\*\*550.00

Principal Place of Business

Mailing Address

**5304 MCINTOSH POINT  
SANFORD FL 32773**

**5304 MCINTOSH POINT  
SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3451642**

Applied For  
Not Applicable

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

**JARES, ROBERT  
5304 MCINTOSH POINT  
SANFORD FL 32773**

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

(NOT)

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!**  
**After MAY 1, 2001 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 **D** ☐ Delete  
NAME **JARES, ROBERT**  
STREET ADDRESS **5304 MCINTOSH POINT**  
CITY-STATE-ZIP **SANFORD FL 32773**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS  
CITY-STATE-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 is 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: **ROBERT JARES**

Date

Daytime Phone #

**05-21-01 407-330-5213**

CR2E034 (10/00)