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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000084866

1. Corporation Name

URETHANE DESIGN AND MANUFACTURING INC.

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90201 040 \*\*\*150.00

UKETHA	NE DESIGN AND WANDFAC	TURING INC.					
Driveinel Diago	as Programa	Mailing Address			il <b>abia</b> t läili etaat laita a	iter beit eger	
Principal Place	•	2454 VAN BUREN STREET					
2454 VAN BURE HOLLYWOOD F		HOLLYWOOD FL 33020					
				DO NOT WRITE IN	THIS SPACE		
: 				3. Date incorporated or Qualifed 09/29/1997	•		
2. Principal Pl	ace of Business	2a. Mailing Address	AVE.	4. FEI Number	<del>- 1</del>	lied For	
21 223	N.W. Jage	26 273 N.W. 8	<del></del>	65-0794388	<del></del>	Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 A		
22		27			Fee Rec		
23 He //4	ndale, H.	28 HG/(Gudale)	. 19	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 I Added to		
Zip	Country	Zip /	Country Broward	8. This corporation owes the current y		اً ا	
24 3300		29 33009 3	o promisa			□No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regis	тегва Адепт		
GAR	CIA, FAUSTINO		oi Name				
2454 VAN BUREN STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)				
HOLI	LYWOOD FL 33020		83				
<b>\</b>			84 City	<u> </u>	85 Zip C	ode	
			10.1		FL   "	į	
			<u> </u>				
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named cor	rporation submits this statement for the purp	ose of changing its requirement as requirement	egistered istered	
defice or re	egistered agent, or both, in the State of	f Florida. Such change was auti	horized by the corporal	rporation submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its re appointment as reg	egistered istered	
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auti	horized by the corporal	tion's board of directors. I hereby accept the	appointment as reg	egistered istered	
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14. 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 annual report or supplemental annual 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 12 or Block 13 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

4-12-59

(954)455-0201

Daytime Ph