

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036791

1. Entity Name

FABRICATIONS INTERNATIONAL, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90127 001 \*\*\*150.00

Principal Place of Business

2171 N.W. 30TH AVENUE  
POMPANO BEACH FL 33069

Mailing Address

2171 N.W. 30TH AVENUE  
POMPANO BEACH FL 33069-5112

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

65-0830765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REIMER, DAVID H  
15175 EAGLE NEST LANE  
SUITE 101  
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name **ARNOLD REIMER**

Street Address (P.O. Box Number is Not Acceptable)  
**2171 NW 30th Ave**

City **Pompano Beach** FL Zip Code **33069**

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 **ARNOLD REIMER**

Signature, typed or printed name of registered agent and title if applicable.

**Arnold Reimer**

(NOTE: Registered Agent signature required when reinstating)

**4/30/2000**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REIMER, DAVID H	
STREET ADDRESS	15175 EAGLE NEST LANE SUITE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REIMER, WILLIAM J	
STREET ADDRESS	2171 N.W. 30TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD REIMER	
STREET ADDRESS	2171 NW 30th Ave	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ARNOLD REIMER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/00 (954) 971 1462**

Date

Daytime Phone #

CR2E034 (9/99)