2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000044427**

1. Entity Name

AMERICAN MASTER CRAFT STEEL BUILDINGS CORP.



FILED Sep 15, 2000 8:00 am Secretary of State

TITLE PATH LAWRENCE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP DELETE DELET		•			,	V	09-13-2000 900	18 021	330	.00	
### BOCK PL 1941 2. Principal Place of Business 2. Making Addross 2. Making Add	Principal Place of Business Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	201B		201B				A0078598				
City & State City & State City & State City & State Country Country S. Certificate of Status Desired Set. 75 Additional Set. 76 Additional Set. 76 Additional Set. 77 Name and Address of Current Registered Agent Name BOOKSTEIN, MERRILL A 4800 NORTH FEDERAL HIGHWAY #2018 BOCA RATON FL 33431 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signate, tyned or prince/reme of inquirend sport will sit it is possess. SIGNATURE 9. This corporation is eligible to satisfy its intangible 10. 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 Signate, tyned or prince/reme of inquirend sport will sit it is possess. SIGNATURE 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing Total filting requirement and elects to do so. After SERPTEMBER 13, 2000 Min. will be \$750.00 Make Chock Peyable to Department of State 11. PSTD OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make BABIL: LAWRENGE 4. THE NOW!! FEE IS \$550.00 After SERPTEMBER 13, 2000 Min. will be \$750.00 Make Chock Peyable to Department of State OITY-ST-2P TILE MAKE PSTD STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE SIRRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE SIRRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE SIRRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE SIRRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE SIRRET ADDITIONS SIRRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SIRRET ADDITIONS/C	2. Principal P	Place of Business	3. Mailing Address								
Zip Country Zip Country 5. Certificate of Status peaked S.7.5 Additional Pool Regulated Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8.00KSTEIN, MERRILL A 4800 NORTH FEDERAL HIGHWAY #2018 BOCA RATON FL 33431	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPAC	CE		
Signature Borner and address of Current Registered Agent T, Name and Address of New Registered Agent T, Name a	City & State		City & State			4.	1 17°7 !! (#CK1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
BOOKSTEIN, MERRILL A 4800 NORTH FEDERAL, HIGHWAY #2018 BOCA RATON FL 33431 City FL Zrp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorida. SIGNATURE 9. This corporation is eligible to satisfy its Intrangible 1 Tax limps requirement and elects to do so. 2 Mater SEPTEMBER 13, 2000 Min. will be \$750.00 After SEPTEMBER 10, 2000 Min. will be \$750.00 After SEP	Zip	Country	Zip	Count	ry	5.	Certificate of Status Desired [.75 Add	ditional	
BOOKSTEIN, MERRILL A 4800 NORTH FEDERAL HIGHWAY #2018 BOCA RATON FL 33431 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code B. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Riorida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tourisment and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME NAME 13. SIRET ADDRESS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. Added to Fees 17. OFFICERS AND DIRECTORS IN 11 TIME NAME 18. DEPARTMENT OFFICERS AND DIRECTORS IN 11 TIME NAME 19. STRET ADDRESS 19. OFFICERS AND DIRECTORS IN 11 10. Election Campaign Financing Added to Fees 10. Selection Campaign Financing Control Finan		6. Name and Address of Current Re	egistered Agent			7. 1	Name and Address of New Regist				
### A800 NORTH FEDERAL HIGHWAY #2018 BOCA RATON FL 33431 City FL Zip Code				-	Name						
BOCA RATON FL 33431 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, byord or printed name of registered agent agent and when represented Agent agent are reported when represented agent, or both, in the State of Florida. 1. This corporation is elligible to satisfy its Intangible Tax Hings requirement and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE THE THANK SUPPLIA TITLE THANK SUPPLIA THE THANK SUPPLIA TITLE THANK SUPPLIA THE THANK SUPPLIA					Street Address (P.O. Box Number is Not Acceptable)						
### City FL Zip Code ### City FL Zi			18								
III. 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 Syntame, typed or printed name of ingulatered agent and side if applicable. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in the State of Florida. (NOTE Prigitated Agent sontewered interest in t	500	7. TH. TOTAL E 00-101		Į.							
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 1. OFFICERS AND DIRECTORS TILE MAKE STREET ADDRESS CITY-ST-2P TILE MAKE STREET AD					City			FL	Zip Cod	9	
SIGNATURE 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 1. Tax filing requirement and elects to do so. (See criteria on back) 1. OFFICERS AND DIRECTORS 1. OFFICERS AND DIRECTORS 1. OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MANE STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P CITY-S	8. The above	named entity submits this statement for t	he purpose of changing its	s registere	d office or r	registered ag	ent, or both, in the State of Florida.	<u>.</u>			
Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State 11.	SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NO	TE: Registered	Agent signatur	a required when re	sinstating)	DATE			
TITLE NAME TRANK LAWRENGE 4800 NORTH FEDERAL HIGHWAY 2018 STREET ADDRESS CITY-ST-ZIP TITLE PSTD FRANK, SOPHIA 7840 GLADES RD 4845 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Tax filing r	equirement and elects to do so.	After SEPTEMBER	13, 2000 I	Min. will b	e \$750.00	1	` _			
TRANK_LAWRENCE STREET ADDRESS STRE	11.	OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND DIR	ECTORS	3 IN 11	
STREET ADDRESS C.TY-ST-ZIP BOCA RATON FL 33431 TITLE NAME STREET ADDRESS C.TY-ST-ZIP TITLE NAME TRANK, SOPHIA TRANK TRANK, SOPHIA TRANK	TITLE	PSTD	Delete	TITLE		· ·			Change	Addition	
CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP TITLE NAME FRANK, SOPHIA 7840 GLADES RD 4875 >>>> BOCA RATON FL 33434 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		FRANK, LAWRENGE			i						
TITLE PSTD Delete TITLE Delete TITLE Delete D	٠ ,	POOL-OATON-CI-CO-CA-	=#20 18-								
NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33434 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			☐ Daleto		31-21				Change	Addition	
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33434 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Į.		L_ Delete	•	1			Ц	Change	☐ Addition	
TITLE Delete TITLE Change Addit NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addit NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addit NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addit NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addit NAME Change Change Addit NAME Change Change Change Change Change NAME Change Chang	STREET ADDRESS	T									
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	City-St-ZIP	BOCA RATON FL 33434	Commence of the second	CITY-	ST-ZIP					- ·	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1 1	•	☐ Delete	TITLE					Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE CHANGE Addit NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	ŀ										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	; ·———				-		, <u>, , , , , , , , , , , , , , , , , , </u>		Ob	CT Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	I		Ca Delete		1			٠.	Change	☐ ₩agsagn	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition NAME STREET ADDRESS STREET ADDRESS	STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY-S	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	ταίτε		☐ Delete	TITLE					Change	☐ Addition	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition Change Chang	:			NAME							
TITLE TITLE TITLE TITLE TOTANGE Addition NAME STREET ADDRESS TITLE TITLE Change Addition STREET ADDRESS	1 1		•								
NAME STREET ADDRESS STREET ADDRESS					51-ZIP						
STREET ADDRESS STREET ADDRESS	1		∟ Delete		j				Change	Addition	
*					I ADDRESS						
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP	*			1						
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 directo	13. I hereby c	ertify that the information supplied with th	is filing does not qualify to	r the exem	ption state	d in Section 1	19.07(3)(i), Florida Statutes, Liurth	er certify th	at the in	formation	

changed, or on an attachment with an add

SIGNATURE:

9/0/400 561- 470-5079