

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91626 036 ***150.00

DOCUMENT # P98000047815

1. Entity Name

D W STAINLESS & ALUMINUM, INC.

Principal Place of Business

**5110 NW 2ND AVE
 MIAMI FL 33127**

Mailing Address

**16351 NW 45TH AVE
 MIAMI FL 33054**

2. Principal Place of Business

3. Mailing Address

1045 E. 31st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mialeah, FL

Zip

Country

Zip

33013

Country

4. FEI Number

65-0837191

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

**PEREZ, BEHAR & ASSOCIATES, INC.
 13935 NW 1ST AVE
 MIAMI FL 33168**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **WONG, JESSICA DELEON**
 STREET ADDRESS **16351 NW 45TH AVE**
 CITY-ST-ZIP **MIAMI FL 33054**

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

TITLE **VD** ☐ Delete
 NAME **WONG, ANDRES**
 STREET ADDRESS **16351 NW 45TH AVE**
 CITY-ST-ZIP **MIAMI FL 33054**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jessica DeLeon / Pres. 4/30/02 305-885-8483

Date

Daytime Phone #

CR2E034 (9/01)