

9/17/01-90002-003-\$150.00-\$150.00

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055898

1. Entity Name
ADVANCE ROLLFORMING DISTRIBUTORS, INC.

FILED

01 OCT 29 PM 4: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2052 NE 155TH ST NORTH MIAMI BEACH FL 33162 US	Mailing Address 2052 NE 155TH ST NORTH MIAMI BEACH FL 33162 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0845208-	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARCUS, HARVEY 2052 NE 155TH ST N MIAMI BEACH FL 33162	
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7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MARCUS, HARVEY 2052 NE 155TH ST NORTH MIAMI BEACH FL 33162	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LS	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	300004691543	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-11/21/01--01092--00+	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	****400.00 ****400.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 employment.

SIGNATURE: *Harvey Marcus* 9/17/01 305-956-9151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)