

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90068 027 ***150.00

DOCUMENT # P98000091814

1. Entity Name
IDEAL LAMINATES, INC.

Principal Place of Business

**6430 N.W. 192 TERRACE
HIALEAH FL 33015**

Mailing Address

**6430 N.W. 192 TERRACE
HIALEAH FL 33015**

2. Principal Place of Business

4180 N.W. 132 Street

3. Mailing Address

4180 N.W. 132 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa-Locka, FLORIDA

City & State

Opa-Locka, FLORIDA

4. FEI Number

65-0872494

Applied For

Not Applicable

Zip

Country

33054-4511

Miami-Dade

Zip

Country

33054-4511

Miami-Dade

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

**VILLAVICENCIO, EGBERTO A
6430 N.W. 192 TERRACE
HIALEAH FL 33015**

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 ☐ Delete
NAME **DPTS**
STREET ADDRESS **VILLAVICENCIO, EGBERTO A**
CITY-ST-ZIP **6430 N.W. 192 TERRACE
HIALEAH FL 33015**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-2002

Date

(305) 953--8288

Daytime Phone #

CR2E034 (9/01)