

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057328

1. Entity Name

MATERIALS BROKERS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90042 036 ***150.00

Principal Place of Business

Mailing Address

2500 HOLLYWOOD BLVD. SUITE 212
 HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD. SUITE 212
 HOLLYWOOD FL 33020-6615

2. Principal Place of Business

2237 N. Commerce Parkway

3. Mailing Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

Suite #3

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33326

Country

US

Zip

33326

Country

US

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

MANELLA, ROSS

2500 HOLLYWOOD BLVD, SUITE 212
 HOLLYWOOD FL 33020

Name MANELLA, ROSS H. ESQ.

Street Address (P.O. Box Number is Not Acceptable)

2237 N. Commerce Parkway

Suite #3

City

Weston

FL

Zip Code

33326

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.

Ross Manella

4/30/00

DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME PST
 ROUNCE, DAVID ☐ Delete
 STREET ADDRESS BAY STREET AT CHURCH ST, IBM BUILDING
 CITY-ST-ZIP NASSAU, BAHAMAS S

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS IBM BUILDING BAY STREET
 CITY-ST-ZIP Nassau, Bahamas

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
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TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ROUNCE

4/30/00 (954) 385-3637

Date

Daytime Phone #

CR2E034 (9/99)