

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/2.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**  
 05-02-2000 90023 044 \*\*\*150.00

**DOCUMENT # P99000061828**

1. Entity Name

**METALMAC MANUFACTURING, INC.**

Principal Place of Business

**6835 CASSIA PLACE  
 MIAMI LAKES FL 33014**

Mailing Address

**6835 CASSIA PLACE  
 MIAMI LAKES FL 33014-2615**

2. Principal Place of Business

**15964 NW 48ave**

Suite, Apt. #, etc.

3. Mailing Address

**15964 NW 48ave**

Suite, Apt. #, etc.

City & State

**Miami FL**

Zip

**33014**

Country

**U.S.A.**

City & State

**Miami FL**

Zip

**33014**

Country

**U.S.A.**

4. FEL Number

**65-0434836**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JIMENEZ, JORGE  
 6835 CASSIA PLACE  
 MIAMI LAKES FL 33014**

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

Signature, typed or printed name of registered agent and state applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-10-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back)

**Y3**

**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

TITLE **D** ☐ Delete  
 NAME **JIMENEZ, JORGE**  
 STREET ADDRESS **6835 CASSIA PLACE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
 NAME  
 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

Date

Daytime Phone #

**4-10-00 305-622-482**

CR2E034 (9/99)