## FILED Apr 21, 2003 8:00 am

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900065009  1. Entity Name D.C. ROLLFORMING PRODUCTS, INC.				Secretary of State 04-21-2003 90412 021 ***150.00		
Principal Plac 1055 E. 27TH HIALEAH FL 3		Mailing Address 1055 E. 27TH ST. HIALEAH FL 33013				
2. Principal F	Place of Business 1 NW 35 cF	3. Mailing Address		- * 100/100/ 1/6 10/10 10/1/ 00/1/ 00/1/ 00/1/ 94/1/ 9		
Suite, Apt. #, etc.  M. 7M. F (7)  Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0941923	Applied For Not Applicable	
Zip 33/4	Country  Miami DAD	Zip	Country	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	
	ر ر در	garan da karasaran Kalasa	Name		: <del></del>	
HENRYS, PATRICIA 800 BRICKELL AVE.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131						
			City	FL	Zip Code	
	named entity submits this statement for	r the purpose of changing its r	egistered office or registe	red agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE .						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.  C	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11	
TITLE NAME	PSD CONTRERAS, DIOSDADO 1055 E. 27TH ST. HIALEAH FL 33013	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· .	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CONTRERAS, CANDELARIA 1055 E. 27TH ST. HIALEAH FL 33013	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TINELACT LE COUTO	☐ Delete	NAME STREET ADDRESS CITY-SI-ZIP	en e	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7/P		Change Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🚣

Daytime Phone #