

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90022 028 \*\*\*150.00

**DOCUMENT # P99000089781**

1. Entity Name

**METALLUM SLITTING COMPANY**

Principal Place of Business

Mailing Address

**7710 NW 72 AVE  
MEDLEY FL 33168****7710 NW 72 AVE  
MEDLEY FL 33166-2214**

2. Principal Place of Business

**7500 N.W. 68th Street**

3. Mailing Address

**7500 N W 68th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Miami, Florida**

City &amp; State

**Miami, Florida**

4. FEI Number

**65-0992016**

Applied For

Not Applicable

Zip

**33166**

Country

**Dade**

Zip

**33166**

Country

**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

**TOYOS, VICTORIANO  
7710 NW 72 AVE  
MEDLEY FL 33168**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	TOYOS, VICTORIANO	NAME	
STREET ADDRESS	7710 NW 72 AVE	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33168	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HERNANDEZ, JOSE SIRILO	NAME	
STREET ADDRESS	7710 NW 72 AVE	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL 33168	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V. Toyos****04 07 00**

Date

**350 884 3668**

Daytime Phone #

CR2E034 (9/99)