

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90003 027 ***150.00

DOCUMENT # S32054

1. Entity Name
A & F INDUSTRIAL, CORP.

Principal Place of Business Mailing Address
13044 SPRING LAKE DR.
FT. LAUDERDALE FL 33330
13044 SPRING LAKE DR.
FT. LAUDERDALE FL 33330-2669
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

FERNANDEZ, ANDRES
13044 SPRING LAKE DR.
FT. LAUDERDALE FL 33330

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ADDRESS	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP	FERNANDEZ ANDRES		NAME		
	13044 SPRING LAKE DR.		STREET ADDRESS		
	FT. LAUDERDALE FL 33330		CITY-ST-ZIP		
ADDRESS	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP	JANETH FERNANDEZ		NAME		
	13044 SPRING LAKE DR.		STREET ADDRESS		
	FT. LAUDERDALE FL 33330		CITY-ST-ZIP		
ADDRESS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
ADDRESS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
ADDRESS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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: **Andres Fernandez** **ANDRES FERNANDEZ** **2/14/00 (954) 252-0838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #