2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **\$49694** 1. Entity Name A.G. ROYCE METAL MARKETING CORPORATION 03-22-2000 90012 009 ***158.75 Mailing Address Principal Place of Business P.O. BOX 100527 3317 NW 10 TERRACE FORT LAUDERDALE FL 33310-0527 **STE 409** FORT LAUDERDALE FL 33309 C0042042 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0263489 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORDON, BRIAN Street Address (P.O. Box Number is Not Acceptable) 3317 N.W. 10TH TERRACE SUITE 409 FT. LAUDERDALE FL 33309 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 _ DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PCSD ☐ Addition Delete TITLE TITLE 4208 North 31 \$ Avenue Svite \$3 Holywood, \$1 33021 1208 North 31 \$ Avenue Svite \$3 Holywood, \$1 33021 GORDON, BRIAN STREET ADDRESS 3317 NW 10TH TERR 109 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Delete TITEE TITLE GORDON, ALLEN NAME 3317 N.W. 10TH TERR.#409 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP TITLE TITLE GORDON, NANCY NAME NAME 3317 NW 10TH TERR 409 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete SULTAN, EDDIE 4208 North 31st Svenue Suite #3 Hollywood, F1 33021 NAME NAME 3317 NW 10TH TERRACE SUITE 409 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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. 3-13-00 984-561-3607