## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Aug 19, 2002 8:00 am Secretary of State S55272 DOCUMENT # 1. Entity Name 08-19-2002 90150 037 \*\*\*550 00 ADVANCED CUSTOM METAL FABRICATORS INC. Principal Place of Business Mailing Address 728 NW 57TH ST 728 NW 57TH ST FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0268794 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent \_6. Name and Address of Current Registered Agent CHANGE OF ADDRESS KUSIAK, EDWARD J. KUSIAK EDWARA J. Street Address (P.O. Box Number is Not Acceptable) 728 NW 57TH ST 5081 S.W. 484, ST FT LAUDERDALE FL 33309 DAVIE FL 33314 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST CR2E034 (4/02 ☐ Delete TITLE ☐ Addition KUSIAK, EDWARD J NAME NAME STREET ADDRESS 2121 NE 51ST CT STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE D ☐ Delete TITLE NAME KUSIAK, GARY E NAME 2123 NE 51ST CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS

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. 20 J. Kusiak 8-23-02

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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

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**FILED**