

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56960

1. Entity Name

A PLUS LAMINATION, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90035 007 ***150.00

Principal Place of Business

Mailing Address

6135 NW 167TH ST
E-9
MIAMI FL 33015
US

6135 NW 167TH STREET
E-9
MIAMI FL 33015-4338
US

2. Principal Place of Business

3. Mailing Address

6135 NW 167th St.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah FL

Zip

Country

Zip

Country

33015 US

4. FEI Number

65-0151537

Applied For

Not Applicable

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

HAWKS, JAMES
14640 BULL RUN ROAD #219
MIAMI FL 33014

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

TITLE P
NAME HAWKS, JAMES H.
STREET ADDRESS 15315 LOCH ISLE W.
CITY-ST-ZIP MIAMI FL 33014

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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:

James Hawks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-04-00 305-557-4411

CR2F034 (9/99)