

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S65011

1. Entity Name

INDUSTRIAL ASSEMBLY CORPORATION INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90055 047 \*\*\*150.00

Principal Place of Business

Mailing Address

540 NE 33RD ST  
 OAKLAND PARK FL 33334  
 US

4950 SW 7TH ST.  
 MARGATE FL 33068-3137

2. Principal Place of Business

3. Mailing Address

3280 NE 5th AVE.  
 Suite, Apt. #, etc.

3280 NE. 5th AVE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

OAKLAND PARK, FL

OAKLAND PARK, FL

4. FEI Number

65-0276739

Applied For

Not Applicable

Zip

Country

Zip

Country

33334 USA

33334 USA

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

KULAS, RALPH N.  
 4950 SW 7TH ST.  
 MARGATE FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

5007 NW 67 AVE

City

LAUDERHILL

FL

Zip Code

33319

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

*Darlene Kulas*

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.

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KULAS, RALPH N.	4950 SW 7TH ST.	MARGATE FL 33068	<input type="checkbox"/>
P	KULAS, DARLENE	4950 SW 7TH ST	MARGATE FL 33068	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5007 NW 67 AVE.	LAUDERHILL, FL 33319	<input type="checkbox"/>	<input type="checkbox"/>
		5007 NW 67 AVE	LAUDERHILL, FL 33319	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Darlene Kulas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-561-  
 4-17-00 5117  
 Date Daytime Phone #

CR2F034 19/99