

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90113 013 \*\*\*150.00

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FP

**DOCUMENT # S65011**

1. Entity Name  
**INDUSTRIAL ASSEMBLY CORPORATION INC.**



Principal Place of Business  
**3280 NW 5TH AVE  
OAKLAND PARK FL 33334  
US**

Mailing Address  
**3280 NW 5TH AVE  
OAKLAND PARK FL 33334  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**KULAS, RALPH N.  
5007 NW 67TH AVE  
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name: **DARLENE KULAS**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Darlene Kulas* **PRESIDENT** DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KULAS, RALPH N.</b>	
STREET ADDRESS	<b>5007 NW 67TH AVE</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KULAS, DARLENE</b>	
STREET ADDRESS	<b>5007 NW 67TH AVE</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Darlene Kulas* **4/7/03** **954-561-5117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)