

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S71669

1. Entity Name

F & S FABRICATORS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90012 006 \*\*\*150.00

Principal Place of Business

Mailing Address

1828 NW 22ND ST  
POMPANO BEACH FL 33069  
US

1828 NW 22 ST  
POMPANO BEACH FL 33069-1318

2. Principal Place of Business

3. Mailing Address

F&S FABRICATORS INC  
Suite, Apt. #, etc.

1828 NW 22 ST POMPANO BEACH  
Suite, Apt. #, etc. FL 33069



DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH FL

City & State

FL 33069

4. FEI Number

65-0298466

Applied For

Not Applicable

Zip

Country

USA

Zip

33069

Country

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

UZMEZLER, ALI

1628 N.W. 8TH STREET

POMPANO BEACH FL 33069

1828 NW 22 ST POMPANO BEACH FL 33069

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 D ☐ Delete  
NAME UZMEZLER, ALI  
STREET ADDRESS 1628 N.W. 8TH ST.  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME UZMEZLER, MUSTAFA  
STREET ADDRESS 1628 N.W. 8TH ST.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MUSTAFA UZMEZLER  
PRESIDENT

4/10/2000 (954) 9734222