

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90068 038 ***150.00

DOCUMENT # S92431

1. Entity Name

AMERICAN LAMINATING & ENGINEERING INDUSTRIES, IN

Principal Place of Business

Mailing Address

ONE LAS OLAS CIRCLE
PENHTOUSE 4
FORT LAUDERDALE FL 33316
US

ONE LAS OLAS CIRCLE
PENHTOUSE 4
FORT LAUDERDALE FL 33316-1604
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3900B East Collins Rd

3900B East Collins Rd

City & State

City & State

Gillette, WY

Gillette, WY

Zip
82716

Country
US

Zip
82716

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0320460

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

ANDREWS, ANTHONY T.
1 LAS OLAS CIRCLE, PH4
FT. LAUDERDALE, 33316

Name

Eric O. Stein
Street Address (P.O. Box Number is Not Acceptable)
8265 SW 105th Place

City

Ocala

FL

Zip Code
34481

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

Eric O. Stein

Director/VP

4/25/00

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 PTD
NAME ANDREWS, ANTHONY T.
STREET ADDRESS ONE LAS OLAS CIRCLE, PH4
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE PTD
NAME Anthony T. Andrews
STREET ADDRESS 3900B East Collins Rd
CITY-ST-ZIP Gillette, WY 82716 ☒ Change ☐ Addition

TITLE DS
NAME ANDREWS, JACQUELINE
STREET ADDRESS ONE LAS OLAS CIRCLE PH4
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE D
NAME Jacqueline Andrews
STREET ADDRESS 3900B East Collins Rd
CITY-ST-ZIP Gillette, WY 82716 ☒ Change ☐ Addition

TITLE DV
NAME STEIN, ERIC O
STREET ADDRESS 8265 SW 105TH PLACE
CITY-ST-ZIP Ocala FL 34481 ☐ Delete

TITLE DVS
NAME Anthony S. Andrews
STREET ADDRESS 3900B East Collins Rd
CITY-ST-ZIP Gillette, WY 82716 ☒ Change ☐ Addition

TITLE D
NAME ANDREWS, ANTHONY S
STREET ADDRESS 691 WHITE SWAN DRIVE
CITY-ST-ZIP ARNOLD MD 21012 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 names empowered.

SIGNATURE:

ANTHONY T. ANDREWS

Date

Daytime Phone #

CR2E034 (9/99)