

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90024 002 ***150.00

0847337 SP

DOCUMENT # 844610

1. Entity Name
LANCASTER STEEL CO., INC.

Principal Place of Business
1650 S. DIXIE HWY., STE. 2D
BOCA RATON FL 33432

Mailing Address
P.O. BOX 3508
BOCA RATON FL 33427

00014000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
33 NE 2nd St

3. Mailing Address

Suite, Apt. #, etc.
Ste 101

City & State
PORT LAUDERDALE, FL

City & State

4. FEI Number
13-5194685

Applied For
 Not Applicable

Zip
33301

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

VISMANTAS, ANDRIUS
C/O LAW OFFICES OF DAVID HANNAN
7301 N.W. 4TH ST., STE. 102
PLANTATION FL 33317

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, 2002 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	T VIALE, MARCOS 1650 S. DIXIE HWY., STE. 2D BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VISMANTAS, ANDRIUS 1650 S. DIXIE HWY., STE. 2D BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDO MUNOZ 1650 S. DIXIE HWY., STE. 2D BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIALE, MARCOS T PO BOX 3508 BOCA RATON FL 33427-3508	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRIUS VISMANTAS, ANDRIUS PO BOX 3508 BOCA RATON FL 33427-3508	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCOS VIALE TREASURER 1-14-02 (954) 473077

Date

Daytime Phone #

CR2E034 (9/01)