Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 21, 2001 8:00 am Secretary of State P92000004523 DOCUMENT # 1. Entity Name CORPAC STEEL PRODUCTS CORP. 08-21-2001 90009 042 ***550.00 Principal Place of Business Mailing Address 20801 BISCAYNE BLVD 20801 BISCAYNE BLVD C0075409 SUITE 203 SUITE 203 AVENTURA FL 33180 **AVENTURA FL 33180** HS 3. Mailing Address 2080 BiSCAYNE BLVI 2. Principal Place of Business 20801 BISCAYNE BLV) Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE AVENTUR A Gity & State Arentura 4. FEI Number Applied For 65-0369689 Not Applicable Com Bry AD = 翌3160 Zip390180 \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RONES, VICTOR K Street Address (P.O. Box Number is Not Acceptable) 16105 NE 18TH AVE N-MIAMI BEACH FL 33162 City Zip Code 8. The above r ta∤ement f∮r the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Pee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VICE PRESIDENT (5/01)TITLE ☐ Delete TIT! F ☐ Change **★** Addition WOLDENBERG, ZOBOI BISCAYNE NAME **WOLDENBERG, JORGE** NAME BLVD #302 20801 BISCAYNE BLVD 報覧 #302 STREET ADDRESS STREET ADDRESS 33180 AVENTURA CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** NOLDENBERG F. TAMMARA Change **X** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS AVENTURA, FL 35180 CITY-ST-ZIP CITY-ST-70 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this tiling 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 supplied hental 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 received of the corporation or the received of the corporation or the received of the corporation of the received of the re changed, or on an attach all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR