2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State
04-16-2003 90033 011 ****50.00

DOCUMENT # L02000011965

1. Entity Name
FENI STAINLESS, LLC

Principal Place of Business	Mailing Address
3110 SANDAL WOOD LANE TITUSVILLE FL 32780	3110 SANDAL WOOD LANE TITUSVILLE FL 32780

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 01-0695275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALDANA, MANUEL 3110 SANDAL WOOD LANE TITUSVILLE FL 32780	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete PRES. MANUEL F. ALDANA 3110 SANDALWOOD LANE TITUSVILLE, FL 32780	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PRES. - MGR MANUEL F. ALDANA 3110 SANDALWOOD LANE TITUSVILLE, FL 32780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete MEMBER RICARDO MUNSTER 88-10 32ND AVE., UNIT# 402 EAST ELMHURST, NY 11369	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MEMBER / DIRECTOR N.P. RICARDO MUNSTER 88-10 32ND AVE, UNIT# 402 EAST ELMHURST, NY 11369
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete MEMBER TELMA ERANSON 57 WEST ORCHARD RD. CHAPPAQUA, NY 10514	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MEMBER / DIRECTOR TELMA ERANSON 57 WEST ORCHARD RD. CHAPPAQUA, NY 10514
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MEMBER / DIRECTOR LILYAM ALDANA ~~78-58 61ST AVE~~ MIDDLE VILLAGE, NY 11379.
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

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED MANUEL F. ALDANA 4-14-03 (321) 383-9160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #