## DOCUMENT # 163982 FILED Jan 16, 2001 8:00 am Secretary of State SEABOARD METALS INC 01-16-2001 90006 029 \*\*\*150.00 Mailing Address Principal Place of Business 372 SOUTH DR 372 SOUTH DR MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address 2741-00 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-0980396 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRAMA, RICHARD Street Address (P.O. Box Number is Not Acceptable) 372 SOUTH DR MIAMI SPRINGS FL 33166 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition Change ☐ Delete TITLE STRAMA.THOMAS NAME NAME STREET ADDRESS 7 PINEWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77024** ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE STRAMA, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 372 SOUTH DR CITY-ST-ZIP CITY-ST-ZIP **MIAMI SPRINGS FL** Change Addition TITLE Delete STRAMA, BRENDA NAME NAME STREET ADDRESS 7 PINEWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77024** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE STRAMA, NANCY NAME NAME STREET ADDRESS 372 S DRIVE STREET ADDRESS CITY\_ST-78P CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Change ☐ Addition . Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Richard Strama

SIGNATURE

CAAL WATTON OF THE OF SIGNING OFFICER OR DIRECT

01 (305) 888-3794