

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013559 AF

DOCUMENT # **A98000002329**

1. Entity Name

**STEEL FABRICATORS HOLDINGS, LIMITED PARTNERSHIP**

**FILED**  
01 MAR 15 PM 12:00

*[Handwritten signature]*

Principal Place of Business

721 N.E. 44TH STREET  
FORT LAUDERDALE FL 33334-3150

Mailing Address

721 N.E. 44TH STREET  
FORT LAUDERDALE FL 33334-3150

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0868067**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.**  
**777 SOUTH FLAGLER DRIVE, SUITE 500 EAST**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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. Capital Contributions  
as Shown on record.

**\$1,158,300.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P98000086120**  
NAME **STEEL FABRICATORS, INC.**  
STREET ADDRESS **721 N.E. 44TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334-3150**

13. ADDRESS CHANGES ONLY

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Handwritten signature: Thomas S. Gucken, P.]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/01  
Date

(954) 938-5850  
Daytime Phone #

CR2E003 (11/00)