

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001960

1. Entity Name

IAI STAINLESS STEEL INC.

MINISTÈRE

Principal Place of Business

Mailing Address

1075 OYSTERWOOD STREET
HOLLYWOOD FL 33019
US

1440. RUE GRAHAM-BELL ST.
BOUCHERVILLE (QUEBEC)
CANADA J4B 6H5
QC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 2000 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 ☐ Delete
NAME CP
STREET ADDRESS BOURRET, REAL
CITY-ST-ZIP 98, DE MESY, BOUCHERVILLE (QUEBEC)
CANADA J4B 4C8

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CV
STREET ADDRESS BOURRET, ALAIN
CITY-ST-ZIP 4420 DES GRANDS COTEAUX
BELOEIL (QUEBEC) CANADA J3G -2C9

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DS
STREET ADDRESS BOURRET, GUY
CITY-ST-ZIP 319 JEAN VINET
BOUCHERVILLE (QUEBEC) CANADA J4B -1V3

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17-01-2000

Date

Daytime Phone #

FILED
Jun 06, 2000 8:00 am
Secretary of State

04-25-2000 90049 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)