

2002  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90972 042 \*\*\*158.75

**DOCUMENT # G03914**  
1. Entity Name  
**PIPE & STEEL OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
**PIPE AND STEEL OF FLORIDA, INC.**  
**2001 N.W. 93RD AVENUE**  
**MIAMI, FLORIDA 33172**

**B0057539**

2. Principal Place of Business 3. Mailing Address  
**PIPE & STEEL OF FL** **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**2001 NW 93RD AVE.** **E**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**MIAMI, FL**

Zip Country Zip Country  
**33172 USA**

4. FEI Number **59-223271** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BLAKE, TIMOTHY CARL**  
**BISCAYNE BLVD. # 208**  
**19 WEST FLAGLER STREET**  
**MIAMI, FLORIDA 33130**

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCV*</b> <b>ARMSTRONG, LEWIS R.</b> <b>13553 S.W. 58 AVENUE</b> <b>MIAMI, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ARMSTRONG, LEWIS R.</b> <b>13553 S.W. 58 AVENUE</b> <b>MIAMI, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ARMSTRONG, EVELYN S.</b> <b>13553 S.W. 58 AVENUE</b> <b>MIAMI, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

(305) 592-1009

SIGNATURE:  **MR. LEWIS R. ARMSTRONG, PRESIDENT**

CR2E034 (5/01)