2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

G42101

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

1. Entity Name

SIGNATURE

PEMBROKE STEEL CORPORATION



May 05, 2003 8:00 am Secretary of State

05-05-2003 91789 030 ***158.75

DATE

9. Election Campaign Financing

			100 m			
Principal Place of Business 3672 E. INDUSTRIAL WAY ROOM 2 WEST PALM BEACH FL 33404		Mailing Address -3672 E. INDUSTRIAL WAY ROOM 2 WEST PALM BEACH FL 33404]		
2. Principal Place of Business		3. Mailing Address PO BOX 530075		F INDEREN BUTH ÖTDEN 1800? HÖNT ARYRV HOT BEDIN DYDIY BEDEN ÖTÖR BYAN BEDER (BUTH		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State LAKE PARK		4. FEI Number 59-2293765	Applied For Not Applicable	
Zip	Country	Zip C	ountry USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
ANTAYA, RONALD F.			Name Street Address (Name Street Address (P.O. Box Number is Not Acceptable)		
3762 GULL R PALM BEACH	UAD I GARDENS FL 33410					
10			City	F	Zip Code	
the obligations	med entity submits this statem s of registered agent.	nent for the purpose of changing its regi	stered office or register	ered agent, or both, in the State of Florida. I a	am familiar with, and accept	

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition Delete Change NAME antaya, Ronald NAME 3668 E. INDUSTRIAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachme

SIGNATURE:

\$5.00 May Be