

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G42353**

1. Entity Name

AMALGAMATED STEEL CORP. OF AMERICA, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90092 035 ***150.00

Principal Place of Business

Mailing Address

**509 S GREENWOOD AVE
STE A
CLEARWATER FL 33756
US**

**509 S GREENWOOD AVE
STE A
CLEARWATER FL 33756-5607
US**

2. Principal Place of Business

509 S. Greenwood Ave.

3. Mailing Address

509 S. Greenwood Ave.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33756

Country

USA

Zip

33756

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2293203

Applied For

Not Applicable

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

**SILVERMAN, MARC A.B.
509 S GREENWOOD AVE
STE A
CLEARWATER FL 33756**

Name

same

Street Address (P.O. Box Number is Not Acceptable)

**509 S. Greenwood Ave. Suite A
Clearwater, FL 33756**

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 **PD** ☐ Delete
NAME **SILVERMAN, M. A. B.**
STREET ADDRESS **209 S GREENWOOD AVE STE A**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Change ☐ Addition
NAME **address correction:**
STREET ADDRESS **509 S. Greenwood Ave Ste A**
CITY-ST-ZIP **Clearwater, FL 33756-5607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Marc A. B. Silverman
MARC A. B. SILVERMAN
SIGNING OFFICER OR DIRECTOR

Feb. 24, 2000

Date

(727) 442-3300

Daytime Phone #

CR2E034 (9/99)