## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # K42591

1. Entity Name

CMN STEEL FABRICATORS, IN	NC.			
Principal Place of Business % CARLOS MANUEL NUNEZ 6315 N.W. 111 TERRACE HIALEAH FL 33012	Mailing Address % CARLOS MANUEL NUNEZ 6315 N.W. 111 TERRACE HIALEAH FL 33012			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

## FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90183 049 \*\*\*158.75

Principal Place of Business  * CARLOS MANUEL NUNEZ  6315 N.W. 111 TERRACE  HIALEAH FL 33012  Mailing Address  * CARLOS MANUEL NUNEZ  6315 N.W. 111 TERRACE  HIALEAH FL 33012										
Principal Place of Business     Mailing Address								<b>7</b>    <b>1</b>  1		
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
<b>9</b>		City & State				4.	4. FEI Number 65-0084394 Applied Fo			
	Country	Zip Count			ry	5.	Certificate of Status Desired	<b>\$8.75</b> Ad	ditional	
6. Name	and Address of Current	Register	ed Agent			7.	Name and Address of New Register			
					Name Street Add	dress (P.O. E	Box Number is Not Acceptable)			
6315 N.W. 111 TERRACE HIALEAH FL 33012										
					City	<u></u>		FL Zip Coo	le	
		r the purp	pose of changing its	registere	d office or re	egistered ag	gent, or both, in the State of Florida.	am familiar with,	and accept	
Signature, typed	or printed name of registered agent	and title if app	plicable. (NOTE	: Registered	Agent signature	required when r	reinstatling) DA	πE		
May 1, 200 Payable to	3 Fee will be \$550.00	State					Election Campaign Financing     Trust Fund Contribution.	_ +	00 May Be d to Fees	
	OFFICERS AND	DIRECTO	RS	11.		Αſ	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
6315 N.W.	111 TERRACE		☐ Delete	STREE	T ADDRESS			☐ Change	☐ Addition	
6315 N.W.	111 TERRACE		☐ Delete		T ADDRESS			☐ Change	Addition	
			Delete		1			- Change	Addition -	
			☐ Delete		T ADDRESS	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
			☐ Delete				***	☐ Change	☐ Addition	
			☐ Delete				119 07/3/ii) Florida Statutos I further	☐ Change	Addition	
	NUEL NUNEZ TERRACE 012 lace of Busin #, etc.  6. Name ARLOS MAN 111 TERRA L 33012  named entity ons of registr Signature, typed LE NOW!! May 1, 200 Payable to PD NUNEZ, CA 6315 N.W. HIALEAH F VD NUNEZ, MA 6315 N.W.	Country  Cou	NUEL NUNEZ TERRACE G315 O12 HIALE  Acce of Business  #, etc.  Country  Country  Tip  6. Name and Address of Current Register  ARLOS MANUEL 111 TERRACE L 33012  Named entity submits this statement for the purpons of registered agent.  Signature, typed or printed name of registered agent and title if applications of the purpons of registered agent.  Signature, typed or printed name of registered agent and title if applications of the purpons of registered agent.  OFFICERS AND DIRECTOR  PD NUNEZ, CARLOS MANUEL 6315 N.W. 111 TERRACE HIALEAH FL  VD NUNEZ, MARIA ISABEL 6315 N.W. 111 TERRACE	NUEL NUNEZ TERRACE 012  Acce of Business  Acce o	NUEL NUNEZ TERRACE 012 HALEAH FL 33012  Pace of Business  3. Mailing Address #, etc.  City & State  Country  Zip  Count  G. Name and Address of Current Registered Agent  RRLOS MANUEL 111 TERRACE L 33012  RRLOS MANUEL 111 TERRACE L 33012  Country  Country	NUEL NUNEZ TERRACE 1012 HALEAH FL 30012  ace of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  ARLOS MANUEL 111 TERRACE L 33012  City  Sireet Add  Street Add  City  City  Name and Address of Current Registered Agent  Name Street Add  City  Name ARLOS MANUEL 111 TERRACE L 33012  City  named entity submits this statement for the purpose of changing its registered office or recons of registered agent.  Signature, hyped or printed name of registered agent and title if applicable.  LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State  OFFICERS AND DIRECTORS  PD  OFFICERS AND DIRECTORS  Delete  NAME SIREET ADDRESS CITY-ST-ZIP  Delete  NAME SIREET ADDRESS CITY-ST-ZIP  Delete  TITLE  TITLE	NUEL NINEZ TERRACE 012 HALEAH FL 33012  Tace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc.  Country Zip Country Zip Country Zip Country 5. 6. Name and Address of Current Registered Agent Name Street Address (P.O. 111 TERRACE L 33012 City named entity submits this statement for the purpose of changing its registered office or registered agons of registered agent.  Signature, typed or ported name of registered and title if applicable.  INOTE: Registered Agent separature required when LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State  OFFICERS AND DIRECTORS 11. A PD NUNEZ, CARLOS MANUEL 8315 N.W. 111 TERRACE HIALEAH FL  VD NUNEZ, MARIA ISABEL 8315 N.W. 111 TERRACE HIALEAH FL  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acardos Manuel Nunez ERRACE S15 N.W. III TERRACE S15 N.W. III TERRACE OI  Country  S. Certificate of Status Desired  Name Streat Address of Now Register  Name Streat Address (P.O. Box Number is Not Acceptable)  City  City  City  III TERRACE L 33012  City  City  Instruction of registered agent, or both, in the State of Florids. I cons of registered agent, or both, in the State of Florids. I cons of registered agent and tito it applicable.  ENOW!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  PO  NUNEZ, CARLOS MANUEL SISTER ADDRESS  CITY-S1-2P  VD  NUNEZ, CARLOS MANUEL SISTER ADDRESS  CITY-S1-2P  UD  Detels  III.  MANUE SIRET ADDRESS  CITY-S1-2P  UT III.  MANUE SIRET ADDRESS  CITY-S1-2P  UT III.  MANUE SIRET ADDRESS  CITY-S1-2P  UD  Detels  III.  MANUE SIRET ADDRESS  CITY-S1-2P  UT III.  MAN	NUEL NINEZ  # CARLOS MANUEL  BESTA WILL THERROE  HALEAH FL 33012  3. Mailing Address  #, ofc.  Suito, Act if, etc.  Cray & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  F. Replanation  F. Name and Address of Current Registered Agent  Name  Streat Address (R.O. Box Number is Not Acceptable)  TITE TERROE  L 33012  City  FL  Zip Doc  City  City  FL  Zip Doc  May 1, 2003 Fee will be \$550.00  May 1, 2003 Fee will be \$550.00	

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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: