

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003793

1. Entity Name
ISMRL INTERNATIONAL STEEL TRADING LLC

FILED

01 OCT -3 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
ONE INDEPENDENT DRIVE, SUITE 3000
C/O MARTIN ADE BIRCHFIELD & MICKLER PA
JACKSONVILLE FL 32202

Mailing Address
ONE INDEPENDENT DRIVE SUITE 3000
C/O MARTIN ADE BIRCHFIELD & MICKLER PA
JACKSONVILLE FL 32202

2. Principal Place of Business
50 North Laura Street
Suite, Apt. #, etc.
Suite 3300

3. Mailing Address
P. O. Box 4099
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip 32202 Country US

Zip 32201 Country US

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MABM CORPORATE SERVICES, INC.
ONE INDEPENDENT DRIVE, SUITE 3000
ATTN: DANIEL B. NUNN, JR.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
RAX CO., a Florida corporation
Street Address (P.O. Box Number is Not Acceptable)
c/o Daniel B. Nunn, Jr.
50 North Laura Street, Suite 3300
City Jacksonville FL Zip Code 32202

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 Daniel B. Nunn, Jr., VP 01/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004623973--4
-10/05/01--01004--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS
TITLE NAME ☐ Delete
manager
Zimaco Construction Services Ltd.
Papastilian House
70 Jfk Ave.

TITLE NAME ☐ Delete
NICOSIA 1076 CYRUS

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES
TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Steven C. Koepler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 9/20/01 Daytime Phone # 904-996-8800

CR2E083 (11/00)