

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000001114**

1. Entity Name

**IRON ARTS TRADER, L.L.C.****FILED****May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90130 033 \*\*\*\*50.00

Principal Place of Business

**536 BILTMORE WAY  
CORAL GABLES FL 33134**

Mailing Address

**536 BILTMORE WAY  
CORAL GABLES FL 33134**

2. Principal Place of Business

**7495 West 20 Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**7495 West 20 Avenue**

Suite, Apt. #, etc.

City &amp; State

**Hialeah, Florida**

City &amp; State

**Hialeah, Florida**

4. FEI Number

**65-1071529**

Applied For

Not Applicable

Zip

**33014**

Country

**U.S.A.**

Zip

**33014**

Country

**U.S.A.**5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ. --  
536 BILTMORE WAY  
CORAL GABLES FL 33134**

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

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Metalven, C.A.	
STREET ADDRESS	536 Biltmore Way	
CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Oscar Piderit	
STREET ADDRESS	536 Biltmore Way	
CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:****SIGNATURE REQUIRED**

4/01/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)