## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000001114

1. Entity Name

IRON ARTS TRADER, L.L.C.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90050 039 \*\*\*\*50.00

			. 6					
Principal Place of Business		Mailing Address	Mailing Address		1			
7495 WEST 20 AVE HIALEAH FL 33014		7495 WEST 20 AVE HIALEAH FL 33014		20007307				
							/	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Num	ober 65-1071529	<del> </del>	Applied For Not Applicable
Zip Country		Zip	Country		5. Certifica	ite of Status Desired	S5.00 Ac	dditional
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Rec		
CLIE	VAS, ANDREW ESQ.	· · · · · · · · · · · · · · · · · · ·	N	ame				_
536	BILTMORE WAY	and the grade of which the			(P.O. Box Number is Not Acceptable)			
COF	RAL GABLES FL 33134						<del>,</del>	
			ı	ity			FL Zip Coo	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing i	ts registered of	ffice or register	ed agent, or b	oth, in the State of Floric	fa. I am familiar with,	, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NC	OTE: Registered Ager	-t sis-stus is-I		··· •=-		
	organical of policies in printed frame of registered agents a			· · · · · · · · · · · · · · · · · · ·	when reinstating)		DATE	
		Make Check Paya	VOW!!! FEE ble to Florid ue By May 1	a Departmer	nt of State		•	^
9	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/CI	HANGES	
TITLE	MGRM	☐ Delete	TITLE				☐ Change	Addition
NAME	METALVEN, C.A.		NAME	İ				
STREET ADDRESS	536 BILTMORE WAY		STREET ADO					
CITY-ST-ZIP	CORAL GABLES FL 33134	,,	CITY-ST-ZI					
TITLE NAME	MGRM	Delete	TITLE	M 6	AM	. A. I-i-	Change	Addition
STREET ADDRESS	PIDERIT, OSCAR		NAME Street add	JUA	NCARLO	s Piderit 20 Ave. FL. 33014		
CITY-ST-ZIP	536 BILTMORE WAY			JHESS 7499	WEST	20 AVE.		
TITLE	CORAL GABLES FL 33134		CITY-ST-ZI	HIA	LEAH	12.30014		
NAME		Delete	: TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADD	ORESS				
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TITLE		☐ Delete	TITLE			<u> </u>	☐ Change	Addition
NAME		La Delote	NAME				☐ Change	Monitori
STREET ADDRESS			STREET ADD	DRESS				
CITY-ST-ZIP			CITY-ST-ZI	Р				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADD	PRESS				
CITY-ST-ZIP			CITY-ST-ZII	P				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME				ŕ	
STREET ADDRESS			STREET ADD	<b>I</b>				İ
CITY-ST-ZIP			CITY-ST-ZIF					ľ
I1. I hereby c	ertify that the information supplied with t	this filing does not qualify for	or the exemptio	n stated in Sec	tion 119.07(3)	(i), Florida Statutes, I fur	ther certify that the in	formation

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER.

(305)