

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90005 018 \*\*\*\*55.00

**DOCUMENT # L01000015684**

1. Entity Name  
**MAKEDONJA-METAL LC**



Principal Place of Business  
**1897 PALM BEACH LAKES BLVD.  
SUITE 226  
WEST PALM BEACH FL 33409**

Mailing Address  
**1897 PALM BEACH LAKES BLVD.  
SUITE 226  
WEST PALM BEACH FL 33409**

**10106811**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1137131</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATE CREATIONS NETWORK INC.</b> <b>941 FOURTH STREET #200</b> <b>MIAMI BEACH FL 33139</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

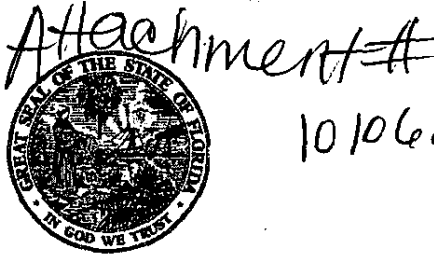
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRANKO, URANKAR 1897 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *SIGNATURE REG. BRANKO* **04.08.03** **(561) 686 8668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 16, 2003

MAKEDONIJA-METAL LC  
1897 PALM BEACH LAKES BLVD.  
SUITE 226  
WEST PALM BEACH, FL 33409

COPY

RECEIVED  
MAY 22 2003

Subject: ~~MAKEDONIJA-METAL LC~~

Reference Number: L01000015684

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH

ANNUAL REPORTS SECTION