

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-10-2003 90109 029 ****50.00

2/1

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

DOCUMENT # L02000012594

1. Entity Name

STEELTECH L.L.C.



Principal Place of Business

Mailing Address

1001 N. FEDERAL HIGHWAY, SUITE 201
HALLANDALE FL 33009

1001 N. FEDERAL HIGHWAY, SUITE 201
HALLANDALE FL 33009

2. Principal Place of Business

854 North Dixie Hwy
Suite, Apt. #, etc. N/A

Mailing Address

854 North Dixie Hwy
Suite, Apt. #, etc. N/A



☒ CHECK HERE IF MAKING CHANGES

Lantana Florida

Lantana Florida

4. FEI Number
02-0604855

Applied For

Not Applicable

Zip
33460

Country
Palm Beach

Zip
33460

Country
Palm Beach

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDUC, REJEAN
1001 N. FEDERAL HIGHWAY, SUITE 201
HALLANDALE FL 33009

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CHEVRIER, SYLVAIN
STREET ADDRESS 1001 N. FEDERAL HIGHWAY, SUITE 201
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CHEVRIER, CHRISTIAN
STREET ADDRESS 1001 N. FEDERAL HIGHWAY, SUITE 201
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME DIONNE, JEAN-FRANCOIS
STREET ADDRESS 1001 N. FEDERAL HIGHWAY, SUITE 201
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

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

Date

Daytime Phone #

2/19/3

CR2E083 (10/02)