

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L46792**

1. Entity Name
STEEL RESOURCES, INC.

FILED

02 APR 29 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2300 CORAL WAY
SUITE 200
MIAMI FL 33145
US**

Mailing Address

**2300 CORAL WAY
SUITE 200
MIAMI FL 33145
US**

2. Principal Place of Business

**2300 Coral Way
Suite # 200**

3. Mailing Address

**2300 Coral Way
Suite # 200**

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-0170687**

Applied For
Not Applicable

Zip **33145** Country **US**

Zip **33145** Country **US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**100005396651--0
-05/01/02--01014--010
****150.00 ****150.00
FL Zip Code**
City

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

AMADA CANTERA LOPEZ, President

4/24/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAHBURA, ALBERTO 10748 S.W. 118 PLACE MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILBOUX, ANNIE MARIE 9165 FONTAINBLEAU BLVD MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZEDAN, LUIS 10748 S.W. 118 PLACE MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARUR, EMILIO 11401 S.W. 77TH AVE MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EOD CHARUR, ELIAS ALFREDO 27440 S.W. 187TH AVENUE MIAMI FL 33031 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHARUR, CARLOS R 6201 S.W. 135 STREET MIAMI FL 33156 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jorge Charur 7330 NW 12th Street Miami, florida 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guillermo Zedan 7330 NW 12 Street Miami Florida 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD CHARUR, ELIAS ALFREDO 27440 SW 187 Avenue Miami, Florida 33031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AB/ps <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02

Date

305-669-8889

Daytime Phone #

CR2E034 (9/01)