

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005901
AF

DOCUMENT # **L96000000591**

1. Entity Name
ALLSTEEL PROCESSING, L.C.

00 APR 26 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1250 N.W. 23RD AVENUE FORT LAUDERDALE FL 33311	Mailing Address 1250 N.W. 23RD AVENUE FORT LAUDERDALE FL 33311-5243
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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MUM

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 62-1641811	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**SIMON & SIMON CHARTERED
2255 GLADES ROAD
SUITE 226-A
BOCA RATON FL 33431**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003246778--1
-05/10/00--01076--013
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MEM GADA MANAGEMENT, L.C. 2300 BARCELONA DRIVE FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME MEM ABBOTT, CHARLES R 14150 S.W. 26TH COURT DAVIE FL 33330	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<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 608, Florida Statutes.

SIGNATURE: *Alain Markas* **ALAIN MARKAS** Date: **04-10-00** Daytime Phone #: **954-587-1900**

CR2E083 (9/99)