

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90020 009 ****50.00

DOCUMENT # L96000000591

1. Entity Name
ALLSTEEL PROCESSING, L.C.

Principal Place of Business 1250 N.W. 23RD AVENUE FORT LAUDERDALE FL 33311	Mailing Address 1250 N.W. 23RD AVENUE FORT LAUDERDALE FL 33311
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80048192



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **62-1641811** Applied For
 Not Applicable

Zip Country Zip Country 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

SIMON & SIMON CHARTERED
2255 GLADES ROAD
SUITE 226-A
BOCA RATON FL 33431

Name
Christopher D. Hale, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
VALDINI, PALMER & HALE, P.A.
5353 N. Federal Highway, Suite 303
 City **Ft. Lauderdale** **FL** Zip Code **33308**

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 _____ DATE **3/14/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MEM	DELETE	TITLE	CHANGE	ADDITION
NAME	GADA MANAGEMENT, L.C.	<input type="checkbox"/>	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	2300 BARCELONA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
NAME	MEM ABBOTT, CHARLES R	<input type="checkbox"/>	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	14150 S.W. 26TH COURT		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33330		CITY-ST-ZIP		
NAME		<input type="checkbox"/>	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
NAME		<input type="checkbox"/>	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
NAME		<input type="checkbox"/>	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
NAME		<input type="checkbox"/>	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Abner* DATE: **3/11/02** DAYTIME PHONE: **954-587-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)