

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002430**

1. Entity Name
TTI STEELPAN, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 1:02

REINSTATEMENT 2000



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3389 SHERIDAN STREET, #210
HOLLYWOOD FL 33021

Mailing Address
3389 SHERIDAN STREET, #210
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0871300

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

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD. #211
PALM BEACH GARDENS FL 33418

Name **George H. Friedman CPA PA**

Street Address (P.O. Box Number is Not Acceptable)

5981 Funston Street

City **Hollywood**

FL

Zip Code **33023**

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

George H. Friedman CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

10-25-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COOPER, MICHAEL
3389 SHERIDAN STREET, #210
HOLLYWOOD FL 33021** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**700003465087--2
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****150.00 ****150.00**

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/23/00

Date

954-597-8616

Daytime Phone #

CR2E083 (5/00)