

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

inf 4110



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004542

1. Entity Name
U.S. BUILDINGS DISTRIBUTION, LLC

Principal Place of Business
2500 MILITARY TRAIL NORTH
BOCA RATON FL 33431

Mailing Address
2500 MILITARY TRAIL NORTH
BOCA RATON FL 33431-6344

2. Principal Place of Business
1182 E NEWPORT CENTER DRIVE
Suite, Apt. #, etc. DRIVE

3. Mailing Address
1182 E NEWPORT CENTER DRIVE
Suite, Apt. #, etc. DRIVE

City & State
DEERFIELD BEACH

City & State
DEERFIELD BEACH

4. FEI Number
65-6945351

Applied For
Not Applicable

Zip
FL
Country
33442

Zip
FL
Country
33442

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

GANZ, DENISE J ESQ.
200 EAST BROWARD BLVD., SUITE 1500
FORT LAUDERDALE FL 33301

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
U.S. STEEL BUILDINGS CORP.
2500 MILITARY TRAIL NORTH
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
US BUILDINGS SYSTEMS CORP
1182 E NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000003206859--6
-04/13/00--01033--001
***\$50.00 ***\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 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 OR MANAGER

2/21/00 561-994-3199
Date Daytime Phone #

CR2E083 (9/99)