

# 2001 UNIFORM BUSINESS REPORT (UBR)

UBR 22 AF

**DOCUMENT #** L99000004542

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

**FILED**

01 FEB 26 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
1182 E. NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442

**Mailing Address**  
1182 E. NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 65-0945351 Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
RACK, GARY  
1182 E. NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

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

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

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U.S. STEEL BUILDINGS CORP. 44 BLDG. SYSTEMS CORP 1182 E NEWPORT CNTR DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

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 3000003782759-0 -02/27/01--01083--008 *****50.00 *****50.00
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **DATE** 2/21/01 **Daytime Phone #** 954-281-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)