FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2002 8:00 am Secretary of State M30902 DOCUMENT # 1. Entity Name 01-28-2002 90056 021 \*\*\*150.00 R & R STEEL FABRICATOR & ERECTOR CORPORATION Principal Place of Business Mailing Address 5603 NW 8TH STREET 5603 NW 8TH STREET MARGATE FL 33063 MARGATE FL 33063 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2673039 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STERK, RICHARD M., SR. Street Address (P.O. Box Number is Not Acceptable) 5603 NW 8TH STREET MARGATE FL 33063 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) Addition TITLE ☐ Delete TITLE Change STERK, RICHARD M., SR. NAME NAME 1325 S.W. 26TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE STERK, RICHARD JR. NAME NAME 1619 SE 8 AVE STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address

Daytime Phone #