2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

5603 NW 8TH STREET

MARGATE FL 33063

M30902 DOCUMENT

1. Entity Name

Principal Place of Business

5603 NW 8TH STREET

MARGATE FL 33063

R & R STEEL FABRICATOR & ERECTOR CORPORATION



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90125 044 ***150.00

90003707	1 414)) 					
El Number						
59-2673039	Not Applicable					
	.75 Additional Required					
lame and Address of New Registered Agent						
ox Number is Not Acceptable)						

US		US						
2. Principal	Place of Business	s 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					KING CHANG	ES		
City & Sta	ate ±	City & State 4.		4. FEIN	Number 59-2673039		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certi	ificate of Status Desired	\$9.75	Additional	
	6. Name and Address of Curren	t Registered Agent		- 7. Nam	e and Address of New Registe			
	RICHARD M., SR. 8TH STREET		Name Street Addr	-	lumber is Not Acceptable)			
MARGATI	E FL 33063					-"		
			City	-		FL Zip C		
SIGNATURE	e named entity submits this statement titions of registered agent.		registered office or reg	jistered agent, o	or both, in the State of Florida. I	am familiar wi	th, and accept	
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTI	E: Registered Agent signature re	quired when reinstati	ng) D/	ATE		
Aftè	ILE NOW!!! FEE IS \$150.00 r.May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State			Election Campaign Financing Trust Fund Contribution.	☐ Ado	.00 May Be led to Fees	
	OFFICERS AND		11.	ADDITIO	ONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	P Sterk, Richard M., Sr. 1325 S.W. 26th Ave. Deerfield Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	v Sterk, richárd Jr. 1619 SE 8 AVE DEERFIELD BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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TITLE Name Street Adoress City-St-Zip		☐ 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	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-968-6688