

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 APR 22 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M94000000065

1. Entity Name

WINNER METALS OF FLORIDA, L.L.C., L.C.

Principal Place of Business

2801 GUY VERGER BLVD.
TAMPA FL 33605

Mailing Address

2801 GUY VERGER BLVD.
TAMPA FL 33605



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1715819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

mmmm

6. Name and Address of Current Registered Agent

TSENG, STANLEY
2801 GUY VERGER BLVD.
TAMPA FL 33605

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

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

(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

TITLE NAME MGR
STREET ADDRESS HARRIS, HAY G
CITY-ST-ZIP 2801 GUY VERGER BLVD.
TAMPA FL 33605 ☐ Delete

TITLE NAME MGR
STREET ADDRESS TSENG, STANLEY
CITY-ST-ZIP 2801 GUY VERGER BLVD.
TAMPA FL 33605 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME HARRIS, JAY G ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 600003244876--7 ☐ Change ☐ Addition
STREET ADDRESS -05/09/00--01093--010
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

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

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

Date

Daytime Phone #

4/17/02 813/247-2393

CR2E083 (9/99)