

# 2001 UNIFORM BUSINESS REPORT (UBR)

001443 AF

DOCUMENT # M99000000775

1. Entity Name  
OLSHER COATED STEEL, LLC

FILED

01 FEB 26 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
825 THIRD AVENUE, 35TH FLOOR  
NEW YORK NY 10022

Mailing Address  
4800 N. FEDERAL HIGHWAY  
SUITE 200 D  
BOCA RATON FL 33431

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 65-0909894  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BAGDASARIAN, RICHARD C  
1800 CORPROATE BLVD. N.W.  
BOCA RATON FL 33431

## 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

2-21-01

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

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME  
PRES MICHAEL OLSHER  
STREET ADDRESS 6582 LANDINGS COURT  
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE NAME  
VP DOWLING, EDWARD  
STREET ADDRESS 825 THIRD AVENUE, 35TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

TITLE NAME  
VP ZELMANOVICH, IGOR  
STREET ADDRESS 6918 ROYAL ORCHID CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

## 10. ADDITIONS / CHANGES

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

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

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

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

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 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:

02/21/01

Date

Daytime Phone #

CR2E083 (11/00)