

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90003 050 ****50.00

DOCUMENT # M99000000775

1. Entity Name

OLSHER COATED STEEL, LLC

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

FILE NOW! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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
VP
Antonieta Damps
STREET ADDRESS
1325 NW 10th Drive
CITY-ST-ZIP
Coral Springs, FL 33071

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:

Michael Olshe, President

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

4/15/02

Date

561-338-7200

Daytime Phone #

CR2E083 (9/01)