## 2002 UNIFORM BUSINESS REPORT (UBR)

## T1LED May 22, 2002 8:00 am Secretary of State 05-22-2002 90121 012 P00000005130 DOCUMENT # 1. Entity Name STAINLESS 2000, INC. Principal Place of Business Mailing Address 3311 NW 71ST STREET 3311 NW 71ST STREET MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0993255 Not Applicable Zìp Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RASSNER, WAYNE H ESQ. Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DR., STE. 510 **MIAMI FL 33156** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \_FILE NOW!!! FEE-IS \$150.00 9. This corporation is eligible to satisfy its Intangible == 10. Election Campaign Financing **\$5.00** May Be ax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 12. 11. ☐ Addition ☐ Change ☐ Delete TITI.E TITLE LEON, LUIS NAME NAME 100 SW 67 COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE ACEVEDO, LAZARO A NAME NAME 100 SW 67 COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition - Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 try steed employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with

SIGNATURE: