

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047951

1. Entity Name

Lexa Metal, Inc

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90087 014 ***150.00

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 8400 N. University Dr. Suite 103 Tamarac FL 33321 | 8400 N. University Dr. Suite 103 Tamarac FL 33321 |

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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

DO NOT WRITE IN THIS SPACE

A0026194

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| 4. FEI Number | Applied For |
| 65-0390818 | Not Applicable |

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|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525**7. Name and Address of New Registered Agent**
Name: Steven M. Axel
Street Address (P.O. Box Number is Not Acceptable): 8400 N. University Dr.
Suite 103
City: Tamarac FL Zip Code: 33321

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.

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| SIGNATURE:  | DATE: 2/19/01 |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <small>(NO. 2. Registered Agent signature required when re-appointing)</small> |

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| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---------------------------------|------|-------------|--|----------------|-----------------------|--|-------------|-------------------|--|---|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <table border="0"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>Axel, Steve</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7660 N.W. 79th Avenue</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Tamarac, FL 33321</td><td></td></tr></table> | TITLE | D | <input type="checkbox"/> Delete | NAME | Axel, Steve | | STREET ADDRESS | 7660 N.W. 79th Avenue | | CITY-ST-ZIP | Tamarac, FL 33321 | | <table border="0"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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 trustee empowered 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 an address, with all other like empowered.

| | | |
|--|---------------------|---------------------------------|
| SIGNATURE:  | DATE: 2/19/01 | DAYTIME PHONE #: (954) 722-0791 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |

CR2E034 (11/00)