

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052497

1. Entity Name
SOUTH FLORIDA STEEL, INC.

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90032 016 ***158.75

Principal Place of Business

1551 NW 159 AVE
PEMBROKE PINES FL 33028

Mailing Address

1551 NW 159 AVE
PEMBROKE PINES FL 33028

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 65-1008211

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACOSTA, CARMEN
1551 NW 159 AVE
PEMBROKE PINES FL 33028

Name WILSON ACOSTA

Street Address (P.O. Box Number is Not Acceptable)

1551 NW 159 AVE

City Pembroke Pines

FL

Zip Code 33028

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ACOSTA, CARMEN
STREET ADDRESS 1551 NW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☒ Delete

TITLE VD
NAME ACOSTA, WILSON
STREET ADDRESS 1551 NW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE SD
NAME ACOSTA, JEAN C
STREET ADDRESS 1551 NW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE TD
NAME ACOSTA, WILSON JR
STREET ADDRESS 1551 NW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME ACOSTA, WILSON
STREET ADDRESS 1551 NW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☒ Change ☐ Addition

TITLE
NAME ACOSTA, JEAN C
STREET ADDRESS 1551 NW 159 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☒ Change ☐ Addition

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2002 (954) 802 6451
Date Daytime Phone #

CR2E034 (9/01)