## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000062666 Apr 19, 2001 8:00 am Secretary of State METAL SUPPLY COMPANY CORP. 4-19-2001 90099 031 \*\*\*150.00 Principal Place of Business Mailing Address 13135 SOUTHWEST 11TH LANE CIRCLE 13135 SOUTHWEST 11TH LANE CIRCLE MIAMI FL 33175 MIAMI FL 33175 3. Mailing Address P.O Box 667570 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State MIAMI, FL 65-1019607 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3166 USA Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent ALEIALDRO CONSUEGRA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code 3317 S MIAMI 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. ALEJANORO CONSUEGRA) **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12. **PSTD** Change ☐ Defete TITLE TITLE CONSUEGRA, ALEJANDRO NAME 13135 SOUTHWEST 11TH LANE CIRCLE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 Delete Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE -! ---- Delete . Change Addition-

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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:** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUSUEGRA

4/10/01

305-552856B

Daytime Phone #