2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am P00000062666 DOCUMENT # Secretary of State 1. Entity Name METAL SUPPLY COMPANY CORP. 03-07-2002 90025 041 ***150.00 Principal Place of Business Mailing Address P.O. BOX 667570 19195 SOUTHWEST 11TH LANE CIRCLE MIAMI FL 33166 MIAMILEL 33175~ 2. Principal Place of Business 3. Mailing Address 15271 NWGOTA AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-1019607 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent= 6. Name and Address of Current Registered Agent Name CONSUEGERA, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 13135 SW 11TH LN CIR MIAMI FL 33175 💪 Zip Code 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 DATE (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 Tax 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 11. 12. Change ☐ Addition CR2E034 (9/01 PSTD. Delete TITLE CONSUEGRA, ROGELOF 9904 NW 52 TR GONSUEGRA, ALEJANDRO NAME NAME 13135 SOUTHWEST 11TH LANE CIRCLE STREET ADDRESS STREET ADDRESS MI AMI, FL 3317 B MIAMI FL 83175 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 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-7IP CITY-ST-7IP 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

305-9053223

Daytime Phone #

FILED