

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 13, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90121 008 \*\*\*150.00

**DOCUMENT # P00000064025****1. Entity Name**  
**E.A.R. IRON & STEEL, CORP.****Principal Place of Business**  
**9186 BATON ROUGE DR.**  
**ORLANDO FL 32818****Mailing Address**  
**9186 BATON ROUGE DR.**  
**ORLANDO FL 32818**

76308



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-3723783

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****BAEZ-CAMACHO, ANGEL**  
**2380 BRIDGEWOOD TRIAL**  
**ORLANDO FL 32818****7. Name and Address of New Registered Agent****Name**  
**MARIBEL TORRADO****Street Address (P.O. Box Number is Not Acceptable)**  
**2174 GREYSTONE TRAIL****City**  
**ORLANDO****FL****Zip Code**  
**32818****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** *Maribel Torrado* **MARIBEL TORRADO****3/02/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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****TITLE** ☐ Delete  
**NAME** **P**  
**STREET ADDRESS** **DELGADO, ELLIOT**  
**CITY-ST-ZIP** **9186 BATON ROUGE DR.**  
**ORLANDO FL 32818****TITLE** ☐ Delete  
**NAME** **V**  
**STREET ADDRESS** **DELGADO, ROBERTO**  
**CITY-ST-ZIP** **9186 BATON ROUGE DR.**  
**ORLANDO FL 32818****TITLE** ☐ Delete  
**NAME** **P**  
**STREET ADDRESS** **DELGADO, ALEXIS**  
**CITY-ST-ZIP** **9186 BATON ROUGE DR.**  
**ORLANDO FL 32818****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:** *Elliot Delgado* **ELLIOT DELGADO****3/02/01****(407) 832-9551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
B# P00000064025  
TW308



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

March 12, 2001

E.A.R. IRON & STEEL, CORP.  
9186 BATON ROUGE DR.  
ORLANDO, FL 32818

Subject: **E.A.R. IRON & STEEL, CORP.**

Reference Number: **P00000064025**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/FV

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314