

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90624 043 \*\*\*150.00

**DOCUMENT #** P000000768281. Entity Name  
**Men Of Steel Inc.**

Principal Place of Business

Mailing Address

18020 S.E. 52nd Street  
Ocklawaha, Florida 3217918020 S.E. 52nd Street  
Ocklawaha, Florida 32179

2. Principal Place of Business

3. Mailing Address

18020 S.E. 52nd Street

18020 S.E. 52nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Ocklawaha, Florida

Ocklawaha, Florida

4. FEI Number

Applied For

59-3664046

Not Applicable

Zip  
32179Country  
U.S.A.Zip  
32179Country  
U.S.A.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

Spiegel & Utrera, P.A.  
343A Almeria Avenue  
Coral Gables, Florida 33134

Name

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

City

FL

Zip Code

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 re-registering)

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, 2001: 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page

Continuation Sheet

CR2E034 (4/1/00)