

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90095 009 ***150.00

DOCUMENT # **PO 1000050158**

1. Entity Name **AAA Steel Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1051 NURSERY Rd.

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 841

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Chipley FL

City & State
Chipley FL

4. FEI Number
Applied for

☒ Applied For
☐ Not Applicable

Zip
32428

Country
Washington

Zip
32428

Country
Washington

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Ahmed Binjahlan**

Street Address (P.O. Box Number is Not Acceptable)
1051 NURSERY Rd.

City **Chipley**

FL

Zip Code
32428

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 **Ahmed Binjahlan**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05-01-02
DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P.**
NAME **Ahmed BINJAHLAN**
STREET ADDRESS **1051 NURSERY Rd.**
CITY-ST-ZIP **Chipley FL 32428**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D.**
NAME **Michael J. Guerrero**
STREET ADDRESS **1051 NURSERY Rd.**
CITY-ST-ZIP **Chipley, FL 32428**

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ahmed Binjahlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-02 850-638-0300

Date

Daytime Phone #