

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90217 036 ***558.75

DOCUMENT # P01000065999

1. Entity Name

CENTURY STEEL FABRICATION, INC.

Principal Place of Business

**8262 SW 44TH STREET
 MIAMI FL 33155**

Mailing Address

**8262 SW 44TH STREET
 MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16757 SW 90th St.

Suite, Apt. #, etc.

3. Mailing Address

16757 SW 90th St.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1119434

Applied For
 Not Applicable

Zip

33196

Country

Dade

Zip

33196

Country

Dade

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COLLAZO, ALEXANDER
 8262 SW 44TH STREET
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **Collazo, Alexander**

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

16757 SW 90th St.

City

Miami

FL

Zip Code

33196

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 reinstating)

8/19/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLAZO, ALEXANDER 8262 SW 44TH STREET MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Collazo, Alexander 16757 SW 90th St. Miami FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Silvia Nunez 16757 SW 90th St. Miami FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander Collazo 8/19/02 305-3878700

Date

Daytime Phone #

CR2E034 (9/01)