

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90246 015 ***150.00

DOCUMENT # P02000033614

1. Entity Name
MACSTEEL INTERNATIONAL LATIN AMERICA CORPORATION



Principal Place of Business

800 BRICKELL AVENUE
SUITE 1115
MIAMI FL 33131

Mailing Address

800 BRICKELL AVENUE
SUITE 1115
MIAMI FL 33131

2. Principal Place of Business

8675 NW 53 ST
SUITE 100
MIAMI, FL

3. Mailing Address

8675 NW 53 ST
SUITE 100
MIAMI, FL

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip 33166

Country USA

Zip 33166

Country USA

4. FEI Number

02-0569930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OPPENHEIM, STEVEN P
800 BRICKELL AVENUE
SUITE 1115
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

SUITE 707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)