

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-30-2003 90118 036 ***150.00

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1. Entity Name
MDJ REBARS STEEL, CORP.



Principal Place of Business
8065 NW 8TH STREET
SUITE 8
MIAMI FL 33126

Mailing Address
8065 NW 8TH STREET
SUITE 8
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3653629

Applied For

Not Applicable

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

MAYORGA, MARIO
951 SW 5TH STREET
SUITE 1
MIAMI FL 33130

Name Mario Mayorga
Street Address (P.O. Box Number is Not Acceptable)
8065 NW 8ST AP 8
City Miami FL Zip Code 33126

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

Registered Agent
(NOTE: Registered Agent signature required when reinstating)

8/20/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MAYORGA, MARIO
STREET ADDRESS 951 SW 5TH STREET
CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

TITLE PD
NAME MAYORGA, MARIO ☒ Change ☐ Addition
STREET ADDRESS 8065 NW 8ST AP 8
CITY-ST-ZIP MIAMI FL 33126

TITLE VP
NAME SOTOMAYOR, BISMARCK
STREET ADDRESS 2411 NW 23 CT. #8
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE (BIS) 2nd Vice President
NAME SOTOMAYOR, BISMARCK ☒ Change ☐ Addition
STREET ADDRESS 2411 NW 23 CT #8
CITY-ST-ZIP Miami FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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, with all other like empowered.

SIGNATURE: [Signature] 8/20/03 786 298 1054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)