FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2004 8:00 am
Secretary of State
05-03-2004 90710 018 ***150.00

DOCUMENT # P03000007635

1. Entity Name

STEEL CO.
7979 West

DO NOT WRITE IN THIS SPACE

66431219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~7979 West 25 Avenue~~	7979 West 25 Avenue
Suite, Apt. #, etc. ~~6~~	Suite, Apt. #, etc. 6
City & State: Hialeah Florida	City & State: Hialeah Florida
Zip ~~33016~~ 33018 Country USA	Zip 33016 Country USA

4. FEI Number 47-0910859 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name GUILLEMI, MAGDEEL

Street Address (P.O. Box Number is Not Acceptable) ~~7979 West 25 Avenue #6~~ 3128 W 81 ST

City Hialeah FL Zip Code ~~33016~~ 33018

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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	Guillemi, Magdeel
STREET ADDRESS	~~7979 West 25 Avenue #6~~
CITY-ST-ZIP	~~Hialeah Fl 33016~~
TITLE	
NAME	Guillemi, Magdiel
STREET ADDRESS	3128 W 81ST
CITY-ST-ZIP	Hialeah, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] 4/30/04 (305)823-6009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034R (12/01)