**FILED** 

## 2003 FOR PROFIT CORPORATION

## Jan 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P95000057323 DOCUMENT # 1. Entity Name 01-21-2003 90175 019 \*\*\*150.00 R & S STEEL CORP. Mailing Address Principal Place of Business 2151 W. HILLSBORO BLVD. 2151 W HILLSBORO BLVD **SUITE 209** SUTIE 209 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 11-2536489 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTHSTEIN, FREDERICK Street Address (P.O. Box Number is Not Acceptable) 2151 W HILLSBORO BLVD **SUITE 209** DEERFIELD BEACH FL 33442 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Addition ROTHSTEIN, FREDERICK NAME NAME 2151 WEST HILLSBORO BLVD SUITE 209 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROTHSTEIN, JEFFREY NAME NAME STREET ADDRESS 2151 WEST HILLSBORO BLVD #209 STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ---- Delete TITLE -ROTHSTEIN, ANDREA NAME NAME 2151 WEST HILLSBORO BLVD #209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME

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 Strue 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 altachmer th all other like empowered.

**OUTRED** 

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #