FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 28, 2002 8:00 am Secretary of State P95000074988 DOCUMENT # 1. Entity Name 05-28-2002 91727 006 ***150.00 AMERICAN STEEL STRUCTURES INC. Principal Place of Business Mailing Address 3700 AIRPORT_RD, SUITE 406_ 3700 AIRPORT RD. SUITE 406 **BOCA RATON FL 33431** BOCA RATON FL 33431 Mailing Address 2. Principal Place of Business 4700 NW BOCA RATON Same Şuite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 井 104 City & State City & State Applied For 65-0630009 **GOCA** Not Applicable 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 COHEN, RODNEY William Thus. Street Address (P.O. Box Number is Not Acceptable) 3700 AIRPORT ROAD SUITE 406 4700 BOCA RATON BLVD HOLY **BOCA RATON FL 33431** ntity submits this state expurpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNAT of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/6) Change TITLE ☐ Defete TITLE COHEN, RODNEY NAME NAME 4700 BOCA RATON BIVD, # 104 3700 AIRPORT RD., SUITE 406 CR2E034 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33431-4860 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition Change 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-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 of the corporation of the receive changed, or on an attachment w

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: