

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000056443

1. Entity Name

STELCO CORPORATION

**FILED**

**May 07, 2002 8:00 am  
Secretary of State**

05-07-2002 90241 008 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6070 RAVENSWICK TER

3. Mailing Address

P.O. Box 292707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0677504

Applied For

Not Applicable

Zip 33331

Country

Zip 33329

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CARMEL (RICHARD) PARDO

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

6070 RAVENSWICK TERRACE

City DAVIE

FL

Zip Code

33331

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$650.00  
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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CARMEL (RICHARD) PARDO 6070 RAVENSWICK TER DAVIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT SABINE H. PARDO SAME
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEL (RICHARD) PARDO

Date

Daytime Phone #

4-18-02 954 680-7573