

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068411

1. Entity Name
MOLINA STEEL, INCORPORATED

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90189 040 ***150.00

0200016

Principal Place of Business
610 NE 1/5 ST
MIAMI FL 33161
US

Mailing Address
610 NE 1/5 ST
MIAMI FL 33161
US

2. Principal Place of Business
750 NE 61 ST.
Suite, Apt. #, etc.
104

3. Mailing Address
750 NE 61st St.
Suite, Apt. #, etc.
104

City & State
MIAMI Florida
Zip
33137
Country
USA

City & State
MIAMI Florida
Zip
33137
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0695855**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINA, JOSE P
7500 NE 6TH COURT
SUITE 9
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name
MOLINA JOSE P
Street Address (P.O. Box Number is Not Acceptable)
750 NE 61ST SUITE 104
City
MIAMI FL Zip Code
33137

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

(NOTE: Registered Agent signature required when reinstating)

DATE **5/30/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PSD MOLINA, JOSE P 750 NE 61ST STE 104 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MOLINA, VIRGINIA 750 NE 61ST STE 104 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 **305-751-6023**
Date Daytime Phone #

CR2E034 (10/00)