

2004 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91020 048 \*\*\*150.00

DOCUMENT # P97000078094

1. Entity Name

Palm Beach Steel, Corp.



**DO NOT WRITE IN THIS SPACE**

94081672

2. Principal Place of Business

5100 N. Powerline Road

3. Mailing Address

5100 N. Powerline Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

4. FEI Number

65-0779666

Applied For

Not Applicable

Zip

33309

Country

United States

Zip

33309

Country

United States

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John L. Korthals, Esquire

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

1401 E. Atlantic Blvd.

City

Pompano Beach

FL

Zip Code

33060

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Miron, Julie. D  
19400 W. Dixie Highway  
North Miami Beach, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Baker, James P  
6031 Spanish Oak Way  
Spring, TX 77379

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Joseph Sharkin V  
19400 W. Dixie Hwy  
North Miami Beach, FL 33180

TITLE  
NAME  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Sharkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04

CR2E034B (12/02)