

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000094646

1. Entity Name

Steel International Trading, Inc.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90055 038 ***150.00

Principal Place of Business

9165 Carlyle Ave
Surfside, FL 33154.

Mailing Address

9165 Carlyle Ave
Surfside, FL 33154

2. Principal Place of Business

9165 Carlyle Ave

3. Mailing Address

9165 Carlyle Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Surfside, FL

City & State

Surfside, FL

4. FEI Number

65-0792058

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Oleg Boiarkin

Street Address (Box Number is Not Acceptable)

9165 Carlyle Ave

City Surfside,

FL

Zip Code 33154

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)

2/29/00

DATE

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Oleg Boiarkin
STREET ADDRESS	9165 Carlyle Ave
CITY-ST-ZIP	Surfside, FL 33154
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillip N. Castillo
STREET ADDRESS	9165 Carlyle Ave
CITY-ST-ZIP	Surfside, FL 33154
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

Boiarkin

2/29/00

(305) 867-9294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)