

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90218 013 ***150.00

DOCUMENT # *P97000094646*

1. Entity Name

Steel International Trading, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13899 Biscayne Blvd

3. Mailing Address

13899 Biscayne Blvd

Suite, Apt. #, etc.

313

Suite, Apt. #, etc.

313

City & State

Miami FL

City & State

Miami FL

Zip

33181

Country

USA

Zip

33181

Country

USA

4. FEI Number

65-0792058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Oleg Botarkin

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

9165 Carle Ave

City

Miami Beach

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. 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

Ботаркин

3/26/03

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	<i>P</i>
NAME	<i>Botarkin Oleg</i>
STREET ADDRESS	<i>9165 Carle Ave</i>
CITY-ST-ZIP	<i>Miami Beach FL 33154</i>
TITLE	<i>V</i>
NAME	<i>Yuliya Castillo</i>
STREET ADDRESS	<i>9165 Carle Ave</i>
CITY-ST-ZIP	<i>Miami Beach FL 33154</i>
TITLE	<i>D</i>
NAME	<i>Philip Castillo</i>
STREET ADDRESS	<i>9165 Carle Ave</i>
CITY-ST-ZIP	<i>Miami FL 33154</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ботаркин

3/26/03

305 864-1304

Date

Daytime Phone #

CR2E034B (12/02)