

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046618

1. Entity Name  
**INTER-STEEL DETAILING, INC.**

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90069 022 \*\*\*150.00

Principal Place of Business      Mailing Address  
800 N.W. 141ST AVE., STE. 307      800 N.W. 141ST AVE., STE. 307  
PEMBROKE PINES FL 33028      PEMBROKE PINES FL 33026-3763

2. Principal Place of Business      3. Mailing Address  
**11585 GORHAM DR**      **11585 GORHAM DR**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**COOPER CITY FL**      **COOPER CITY FL**

Zip      Country      Zip      Country  
**33026**      **U.S.**      **33026**      **U.S.**

4. FEI Number      Applied For  
**65-0837649**       Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LAZAR, MIHAELA**  
**800 N.W. 141ST AVE., STE. 307**  
**PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent  
Name: **LAZAR MIHAELA**  
Street Address (P.O. Box Number is Not Acceptable)  
**11585 GORHAM DR**  
City: **COOPER CITY FL**      Zip Code: **33026**

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: *MIHAELA LAZAR*      **MIHAELA LAZAR**      4/29/00  
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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>LAZAR, MIHAELA</b> <b>800 N.W. 141ST AVE., STE. 307</b> <b>PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAZAR, MIHAELA</b> <b>800 N.W. 141ST AVE., STE. 307</b> <b>PEMBROKE PINES FL 33028</b> <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

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: *MIHAELA LAZAR*      **MIHAELA LAZAR**      *MIHAELA LAZAR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)