

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

800 N.W. 141ST AVE., STE. 307
 PEMBROKE PINES FL 33028

Mailing Address

800 N.W. 141ST AVE., STE. 307
 PEMBROKE PINES FL 33026-3763

2. Principal Place of Business

11585 GORHAM DR

Suite, Apt. #, etc.

3. Mailing Address

11585 GORHAM DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COOPER CITY FL

City & State

COOPER CITY FL

4. FEI Number

65-0837649

Applied For

Not Applicable

Zip

Country

33026

U.S.

Zip

Country

33026

U.S.

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

LAZAR, MIHAELA
 800 N.W. 141ST AVE., STE. 307
 PEMBROKE PINES FL 33028

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☐ Delete
 NAME LAZAR, MIHAELA
 STREET ADDRESS 800 N.W. 141ST AVE., STE. 307
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME LAZAR, MIHAELA
 STREET ADDRESS 800 N.W. 141ST AVE., STE. 307
 CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

MIHAELA LAZAR *MIHAELA LAZAR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)