

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000046618

1. Entity Name  
INTER-STEEL DETAILING, INC.



Principal Place of Business  
11585 GORHAM DR.  
COOPER CITY, FL 33026

Main Address  
11585 GORHAM DR.  
COOPER CITY, FL 33026

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**



05032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FFI Number  
65-0837649

Added For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LAZAR, MIHAELA  
11585 GORHAM DR.  
HOLLYWOOD, FL 33026

**DO NOT WRITE  
IN THIS SPACE**

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 qualifications of registered agent.

SIGNATURE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | PVST                  |
| NAME           | LAZAR, MIRCEA         |
| STREET ADDRESS | 1245 NW 134 AVE       |
| CITY, ST, ZIP  | SUNRISE, FL 33323     |
| TITLE          | D                     |
| NAME           | LAZAR, MICHELLE       |
| STREET ADDRESS | 11585 GORHAM DR.      |
| CITY, ST, ZIP  | COOPER CITY, FL 33026 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |

U000000363279  
05/05/05-80152-003 150.00

**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)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 Block 11 if changed, or on an attachment which has been filed with this report.

SIGNATURE: Michelle Lazar MICHELE LAZAR (954) 432-8437

SIGNATURE AND TYPE PRINTED NAME OF OFFICER OR DIRECTOR