

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90427 029 ***150.00

DOCUMENT # P98000107732

1. Entity Name
LAND STEEL, INC.



Principal Place of Business
**461 S.W. PT. ST. LUCIE BLVD.
PT. ST. LUCIE FL 34952**

Mailing Address
**461 S.W. PT. ST. LUCIE BLVD.
PT. ST. LUCIE FL 34952**



2. Principal Place of Business

3. Mailing Address

8101 KIAWAH TRACE

8101 KIAWAH TRACE

Suite, Apt. #, etc.
PORT ST. LUCIE

Suite, Apt. #, etc.
PORT ST. LUCIE

City & State
FLORIDA

City & State
FLORIDA

Zip
34986

Country
USA

Zip
34986

Country
ST. LUCIE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0884716**

Applied For
Not Applicable

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

**SINGER, MICHAEL S ESQ.
701 NORTHPOINT PKWY., S-330
WEST PALM BEACH FL 33407**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YOON, HI KYUNG 461 S.W. PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD YOON, SUNG HUN 461 S.W. PT. ST. LUCIE BLVD. PT. ST. LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 (772) 524-1001

Date

Daytime Phone #

CR2E034 (10/02)