

DOCUMENT # P99000005135			
1. Entity Name <div style="font-size: 18pt; font-weight: bold;">LION STEEL, INC.</div>			
Principal Place of Business 2220 NW 52ND AVENUE LAUDERHILL FL 33313		Mailing Address 2220 NW 52ND AVENUE LAUDERHILL FL 33313	
2. Principal Place of Business		3. Mailing Address 2220 NW 52nd Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2220	
City & State		City & State Ft. Lauderdale FL	
Zip	Country	Zip	Country
33313		33313	FL
6. Name and Address of Current Registered Agent			
FLETCHER, LEON 2220 NW 52ND AVENUE LAUDERHILL FL 33313			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	D FLETCHER, LEON <input type="checkbox"/> Delete		12.
NAME	2220 NW 52ND AVENUE		TITLE
STREET ADDRESS	LAUDERHILL FL 33313		NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE

09-18-2000 90009 025 ***158.75

ADU78826



DO NOT WRITE IN THIS SPACE

City & State		City & State <i>FL and FL</i>		4. FEI Number <i>65-0888399</i>		Applied For Not Applicable			
Zip	Country	Zip <i>33313</i>	Country <i>Broward</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
FLETCHER, LEON 2220 NW 52ND AVENUE LAUDERHILL FL 33313				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				<div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>				FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D			TITLE					
NAME	FLETCHER, LEON			NAME					
STREET ADDRESS	2220 NW 52ND AVENUE			STREET ADDRESS					
CITY-ST-ZIP	LAUDERHILL FL 33313			CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				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: <i>Leon Fletcher</i>				<i>7-20-00</i> <small>Date Daytime Phone #</small>					

CR2E034 (5/00)

Attachment
p9960000
~~#0098~~
A0078826

LION STEEL, INC. OPERATING ACCOUNT P.O. BOX 245532 954-557-6139 PEMBROKE PINES, FL 33024-0108		63-906134 2670 0343001772 DATE <u>5/19/00</u>	00059232133
PAY TO THE ORDER OF <u>IRS</u>		\$ <u>150.00</u>	
One Hundred Dollars /00¢		DOLLARS <input checked="" type="checkbox"/> Security Features Visible on back.	
Republic Security Bank	8411 Pines Blvd. Pembroke Pines, Florida 33024	<i>Leon Fletcher</i> <small>MP</small>	
MEMO		SAFETY PAPER	
⑆ 267090617⑆		0343001772⑆ 2133	



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 7, 2000

LION STEEL, INC.
2220 NW 52ND AVENUE
LAUDERHILL, FL 33313

Subject: **LION STEEL, INC.**

Reference Number: **P99000005135**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/kw

ANNUAL REPORTS SECTION

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005135

1. Entity Name

LION STEEL, INC.

Principal Place of Business

2220 NW 52ND AVENUE
LAUDERHILL FL 33313

Mailing Address

2220 NW 52ND AVENUE
LAUDERHILL FL 33313-3227

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888397

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

FLETCHER, LEON
2220 NW 52ND AVENUE
LAUDERHILL FL 33313

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.

SIGNATURE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLETCHER, LEON
2220 NW 52ND AVENUE
LAUDERHILL FL 33313 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)