2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900005135 1. Entity Name LION STEEL, INC.					Secreta	ary of S1 2 90046 038 ***15	tate
Principal Place 2220 NW 53NE LAUDERHILL F	AVENUE-	Mailing Address 2220 NW-52ND AVENUE 2220 LAUDERHILL FL 33313					
2. Principal P 7358 Suite, Apt.	NW 47th Place #, etc.	3. Mailing Address 7358 NW F Suite, Apt. #, etc.	+7th Pla	rce	4 10011301 (10 1014 1014 0011 01	TE IN THIS SPACE	TO (1101 0 141 1901;
City & State	1 • 11 • 1	City & State	FL	4	4. FEI Number 65-0888399	`	Applied For Not Applicable
3331	Country 6. Name and Address of Current F	^{Zip} 33319	Country		5. Certificate of Status Desired 7. Name and Address of New I	\$8.75 A Fee Requi	
LAUDERHI		W 47 Place 1; FL 33319	City L	58 Aude	eHill	FL Zip Ci	ode 3319
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (MOTE: R	egistered Agent signatur	e required who	en 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, 2002 Fee will be \$550.00 Make Check Payable to Department of St					10. Election Campaign Fi Trust Fund Contribution		.00 May Be led to Fees
11.	OFFICERS AND I		12.	_	ADDITIONS/CHANGES TO OF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fletcher, Leon 2 220 NW 52ND Avenue 735 Lauderhill Fl 333 14	3 NW 4th Place		3 Fleta 7358	her Leon	□ Changi 2 3 <i>3319</i>	e Addition 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		*************************************	☐ Change	e Addition
TITLE NAME STREET-AODRESS* CITY-ST-ZIP	g., g. in some	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	- Age - Age - Age - A	☐ Change	e Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chango	e 🔲 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:							
SIGNAT		MATED NAME OF SIGNING OFFICER OR		- LC T	Date /	Daytime Phone	#