

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000022091

1. Entity Name

ORION STEEL CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

04-14-2000 90088 020 ***150.00

Principal Place of Business

Mailing Address

3038 LUCERNE PARK DR.
LAKE WORTH FL 33467

3038 LUCERNE PARK DR.
LAKE WORTH FL 33467-2018

2. Principal Place of Business

3038 Lucerne Pk. Dr.

3. Mailing Address

P.O. Box 540943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

Country

Zip

Country

33467 Palm Beach

33467 Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERG, JACK
3038 LUCERNE PARK DR.
LAKE WORTH FL 33467

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.

4-7-00

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 ROSENBERG, JACK 3038 LUCERNE PARK DR. LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

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:

Jack Rosenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosenberg

4-7-00 561 963 8100

Date

Daytime Phone #

CR2E034 (9/99)