

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045447

1. Entity Name

THE STEEL PAN, INC.

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90223 006 \*\*\*150.00

0490089

Principal Place of Business

1617 TIGERTAIL AVE.  
COCONUT GROVE FL 33133

Mailing Address

1617 TIGERTAIL AVE.  
COCONUT GROVE FL 33133

00025595



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0921119

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RIVLIN, MARK L  
1550 MADRUGA AVE. STE. 120  
CORAL GABLES FL 33146

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, 2001 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 DP 3 ☐ Delete  
NAME PARRISH, ANTHONY R JR.  
STREET ADDRESS 1617 TIGERTAIL AVE.  
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE VS ☒ Delete  
NAME ALEXANDER, DAVID J  
STREET ADDRESS 6300 SW 75 TERRACE  
CITY-ST-ZIP MIAMI FL 33143 **DELETE**

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

TITLE VT ☐ Delete  
NAME BENITEZ, YSMAEL M  
STREET ADDRESS 6105 SW 75 CT  
CITY-ST-ZIP MIAMI FL 33143

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Anthony R. Parrish Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANTHONY R. PARRISH, JR**

*Pres 3/11/01 305-285-1154*  
Date Daytime Phone #

CR2E034 (10/00)