## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P9900057797 1. Entity Name NATIONAL STEEL-BUILDING, INC. 04-24-2001 90054 001 \*\*\*150 00 Principal Place of Business Mailing Address 3700 AIRPORT RD 3700 AIRPORT RD **UUUUUUU** #407 **BOCA RATON FL 33431 BOCA RATON FL 33431** Principal Place of Business Mailing Address Ϋ́ЧЭ́ MIN GG Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. - City & State Applied For 4. FEI Number City & State 65-0930048 Not Applicable \$8.75 Additional -5." Certificate of Status Desired Fee Required 5 4 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code FL for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e bmits this s SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After MAY\_1, 2001. Fee will be \$550.00 - ---Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSTD ☐ Addition Delete TITLE TITLE PSTD LEFF, Steven B NAME NAME LEFF, STEVEN B 2492 N.W. GE Drive STREET ADDRESS STREET ADDRESS 3905 NORTHWEST 58TH STREET Boca Raton, FL 33496 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** T Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this fining 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 dustee empowered in 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 purer like empowered.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR