DOCUMENT # P99000085950

USA

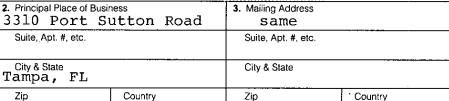
1. Entity Name

United Winner Metals, Inc.

02 HAY -2 PM 12: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE



7. Name and Address of Current Registered Agent

Applied For Not Applicable

5. Certificate of Status Desired

52-2210394

\$8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

Name <u>Craig E. Beh</u>renfeld

Street Address (P.O. Box Number is Not Acceptable) 601 Bayshore BIVO.

Ste. 700

Tampa

Zip £666 6

8. The above named entity submits this statement purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

33619

Signature, type

9. This corporation is eligible to satisfy its Mangible

Tax filing requirement and elects to do so.

agent and title if applicable

(NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00

City

4/29/02

After May 1, Fee is \$550.00

10. Election Campaign Financing

\$5.00 May Be

(See criteria on back)			JBR is \$61.25 to Department of State	Trust Fund Contribution.
11.	OFFICERS AND DIF	RECTORS		
TITLE NAME . STREET ADDRESS CITY-ST-ZIP	Thomas P. Quirke 3310 Port Sutton Tampa, FL 33619	Road	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000054306020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Steve Ryan 3310 Port Sutton I Tampa, FL 33619	Road	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morris Tsai 3310 Port Sutton 1 Tampa, FL 33619	Road	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CHY-ST-ZIP.	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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 receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RYAN, VICE PIESIGENT

4/29/02

813/247-4151

Daytime Phone #

282

## ACCOUNT FILING COVER SHEET WALK IN

FCA000000014

ACCOUNT #:

CORPDIRECT AGENTS

103 N. MERIDIAN TALLAHASSEE, I 850-222-1173						
CONTACT:	Pam	:				
DATE:	5-2-02	r		·		_
REF#:	0170.643	21.		A SING	;	_
CORP. NAME:	United Wi	nner	Meta	15 F		スト
				CORI CORI	2	
		19		F STATE OBATIJNO FLORIDA	M 10: 08	VED
	E ATTACHED <u>ANNUAI</u> ./				•	
( ) CERTIFIED (	COPY LPLAIN COP	Y ()G	OOD STAND	ING		
PLEASE DEBIT O	UR ACCOUNT IN THE	AMOUNT	of s_/5	0.00	$\supset$	
AUTHORIZATION:	Alic	L				-