

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086295

1. Entity Name

STEELBIZ.COM, INCORPORATED

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90018 022 ***550.00

Principal Place of Business

4800 NORTH FEDERAL HIGHWAY #201B
BOCA RATON FL 33431

Mailing Address

4800 NORTH FEDERAL HIGHWAY #201B
BOCA RATON FL 33431

2. Principal Place of Business

7840 GLADES RD #220

Suite, Apt. #, etc.

220

3. Mailing Address

7840 GLADES RD

Suite, Apt. #, etc.

#220

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

05-0955847

Applied For

Not Applicable

Zip

33434

Country

PAIM Beach

Zip

33434

Country

PAIM Beach

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

BOOKSTEIN, MERRILL A
4800 NORTH FEDERAL HIGHWAY #201B
BOCA RATON FL 33431

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

TITLE ~~PVST~~ ☒ Delete
NAME BOOKSTEIN, MERRILL
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY #201B
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ~~D~~ ☒ Delete
NAME BOOKSTEIN, MERRILL
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY #201B
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ~~ASTD~~ ☐ Delete
NAME SOPHIA FRANK
STREET ADDRESS 7840 GLADES RD #220
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/2000 SW-470-5079

Date

Daytime Phone #

CR2E034 (5/00)