

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

04-04-2000 90031 008 ***158.75

DOCUMENT # **SD2410**

1. Entity Name
Steele Equipment Corporation

Principal Place of Business Mailing Address
Suite 345, 7091 Environ **SAME**
Lauderhill, FL 33319

2. Principal Place of Business **SAME AS ABOVE**
 Suite, Apt. #, etc.
 3. Mailing Address **SAME AS ABOVE**
 Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

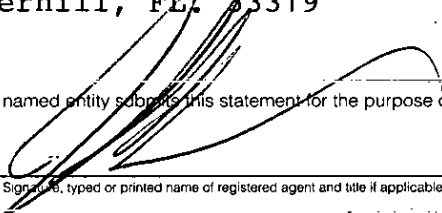
4. FEI Number **36-3730917** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Jerold I. Fridkin
7091 Environ, Suite 345
Lauderhill, FL 33319

7. Name and Address of New Registered Agent
 Name **SAME AS ABOVE**
 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  DATE **4 June 00**

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

TITLE	President <input type="checkbox"/> Delete
NAME	Jerold I. Fridkin
STREET ADDRESS	7091 Environ, Suite 345
CITY-ST-ZIP	Lauderhill, FL. 33319 <input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, and all other like empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

CR2E034 (9/99)