2000 UNIFORM BUSINESS REPORT (UBR)

May 19, 2000 8:00 am Secretary of State **DOCUMENT # \$96935** T & C STEEL ERECTORS, INC. 05-19-2000 90061 026 ***150.00 Principal Place of Business Mailing Address 13111 N.W. 11TH STREET 13111 N.W. 11TH STREET SUNRISE FL 33323-3905 SUNRISE FL 33323 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number _65:0304278-----Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEST, DAVID Street Address (P.O. Box Number is Not Acceptable) 6701 GREENE ST. HOLLYWOOD FL 33024 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE WEST, JACKIE DAVID STREET ADDRESS 6701 GREENE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete Change Addition TITLE STALLONE, CARMELO NAME NAME STREET ADDRESS 13111 N.W. 11TH STREET STREET ADDRESS CITY-ST-7IP-SUNRISE FL: 33323 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1-15-2000 (954) 845-92