

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90069 029 ***158.75

DOCUMENT # 509700

1. Entity Name

ALJOMA LUMBER, INC.

Principal Place of Business

Mailing Address

10300 NW 121 WAY
 MEDLEY FL 33178

10300 NW 121 WAY
 MEDLEY FL 33178-1003

00002773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1682313

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VALDES-FAULI, RAUL J
1401 AMERIFIRST BUILDING
1 SE 3RD AVE
MIAMI FL 33131

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALBERTO V	
STREET ADDRESS	2029 SW 57TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHOJAE, MARIA G	
STREET ADDRESS	7111 LAGO DRIVE E.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VALDES-FAULI, RAUL E	
STREET ADDRESS	1 BISCAYNE TOWER 2 S BISCAYNE BLVD STE3400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLINN, DAVID L	
STREET ADDRESS	1717 N. BAYSHRE DR. 1231	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAMAS, ALEJANDRA A	
STREET ADDRESS	174 ISLA DORADA BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	LAMAS, JOSE A	
STREET ADDRESS	336 COSTA BRAVA COURT	
CITY-ST-ZIP	CORAL GABLES FL 33143	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment to this filing, and is duly empowered.

SIGNATURE

Alberto V Fernandez
ALJOMA LUMBER, INC
President

1-6-2000

(305) 556-8003

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #