

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90120 046 \*\*\*150.00

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**DOCUMENT # P01000058169**

1. Entity Name  
**AFFORDABLE METAL INC.**

Principal Place of Business      Mailing Address  
**503 E 39 ST**                              **503 E 39 ST**  
**HIALEAH FL 33013**                      **HIALEAH FL 33013**

2. Principal Place of Business      3. Mailing Address  
**3740 NW 78st Bay 4**                      Suite, Apt. #, etc.

City & State      City & State  
**Hialeah, FL**                              **FL**  
 Zip      Country      Zip      Country  
**33147**      **USA**

4. FEI Number      Applied For  
**65-7112957**      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**

**GONZALEZ, ALICIA**  
**503 E 39 ST**  
**HIALEAH FL 33013**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

SIGNATURE:      DATE: **1-16-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE-NOW!!!-FEE-IS-\$150.00**  
**After May 1, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, ALICIA</b>	
STREET ADDRESS	<b>503 E 39 ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EUROPA, MARILYN</b>	
STREET ADDRESS	<b>5811 SW 88 TERR</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	
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 supplement to this 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 of the corporation 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 REQUIRED**

DATE: **1-16-02**

CR2E034 (9/01)