

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086339

1. Entity Name

ALUMINA USA, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90039 006 ***150.00

| | |
|--|---|
| Principal Place of Business 2100 CORAL WAY SUITE 203 MIAMI FL 33145 | Mailing Address 2100 CORAL WAY SUITE 203 MIAMI FL 33145-2657 |
|--|---|



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

65-0951392

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

ROBINSON, WESLEY M ESQ.
 501 BRICKELL KEY DRIVE
 SUITE 504
 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 | D | <input type="checkbox"/> Delete |
| NAME | GARCIA, LUIS MIGUEL | |
| STREET ADDRESS | 2100 CORAL WAY SUITE 203 | |
| CITY-ST-ZIP | MIAMI FL 33145 | |

| | | |
|----------------|--------------------------|--|
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANTO DOMINGO, MIGUEL | |
| STREET ADDRESS | 2100 CORAL WAY SUITE 203 | |
| CITY-ST-ZIP | MIAMI, FL 33145 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DOMINGO, FELIPE SANTO | |
| STREET ADDRESS | 2100 CORAL WAY SUITE 203 | |
| CITY-ST-ZIP | MIAMI FL 33145 | |

| | | |
|----------------|---------------------------|--|
| TITLE | VICE-PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CALEJAS DE LA ROSA, MARIO | |
| STREET ADDRESS | 2100 CORAL WAY SUITE 203 | |
| CITY-ST-ZIP | MIAMI, FL 33145 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
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| 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:

Miguel Santo Domingo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-00 305-854-7187

MIGUEL SANTO DOMINGO