

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90063 049 ***150.00

0176590

DOCUMENT # P00000015486

1. Entity Name
ALUMAWORKS, INC.

Principal Place of Business

**3816 N.W. 32ND AVE.
 MIAMI FL 33142**

Mailing Address

**3816 N.W. 32ND AVE.
 MIAMI FL 33142**

2. Principal Place of Business

3818 NW 32 Ave
 Suite, Apt. #, etc.

3. Mailing Address

3818 NW 32 Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

Zip **33142**

Country

City & State

Miami FL

Zip **33142**

Country

4. FEI Number

65-0987295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DEVINE GOODMAN & WELLS, P.A.
 777 BRICKELL AVE., STE. 980
 MIAMI FL 33131**

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 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, 2001 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 **D** ☐ Delete
 NAME **HABER, RODERICK**
 STREET ADDRESS **3816 N.W. 32ND AVE.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete
 NAME **HABER, EVELYN**
 STREET ADDRESS **3816 N.W. 32ND AVE.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
 NAME **Haber, Roderick**
 STREET ADDRESS **100 Bayview Dr. #1790**
 CITY-ST-ZIP **Sunny Isles, FL 33190**

TITLE **D/V** ☒ Change ☐ Addition
 NAME **Brady, Evelyn Haber**
 STREET ADDRESS **21730 SW 98 Ave**
 CITY-ST-ZIP **Miami FL 33190**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all power like empowered.

SIGNATURE:

Evelyn Haber Brady
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 125, 2001
 Date

3056356100
 Daytime Phone #

CR2E034 (10/00)