

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90139 005 ***150.00

DOCUMENT # P00000015486

1. Entity Name
ALUMAWORKS; INC.



Principal Place of Business
**3818 NW 32 AVE
MIAMI FL 33142**

Mailing Address
**3818 NW 32 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.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0987295**

Applied For
☐ Not Applicable

Zip **33142** Country **USA**

Zip **33142** Country **USA**

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 **ROD HABER**
Street Address (B.O. Box Number is Not Acceptable)
3818 NW 32 AVE
City **MIAMI** FL **33142**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MAR-07-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HABER, RODERICK**
STREET ADDRESS **100 BAYVIEW DR. #1719**
CITY-ST-ZIP **SUNNY ISLES FL 33190**

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

TITLE **DV** ☒ Delete
NAME **HABER BRADY, EVELYN**
STREET ADDRESS **31730 SW 98 AVE**
CITY-ST-ZIP **MIAMI FL 33190**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, when an other like empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-07-03 / 305-635-6100

CR2E034 (10/02)