

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90008 038 \*\*\*150.00

**DOCUMENT # H03509**  
 1. Entity Name  
**MIC-NOR ALUMINUM, INC.**

Principal Place of Business <b>1813 S.W. BILTMORE STREET PORT ST LUCIE FL 34984</b>	Mailing Address <b>1813 S.W. BILTMORE STREET PORT ST LUCIE FL 34984-3406</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number **59-2423560**

Applied For
Not Applicable

5: Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NORCIA, MICHAEL C., JR.**  
~~602 SW TODD AVE~~ **1813 SW BILTMORE ST**  
~~PORT ST LUCIE FL 34984~~ **PSL FL 34984**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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**

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>NORCIA, MICHAEL C., JR.</b>	
STREET ADDRESS	<del>602 SW TODD AVE</del> <b>1813 SW BILTMORE ST.</b>	
CITY-ST-ZIP	<del>PORT ST LUCIE FL</del> <b>PSL FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NORCIA, REBECCA F.</b>	
STREET ADDRESS	<b>662 SW TODD AVE.</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL</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 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: *Michael C. Norcia* **President** Date: **2-7-00** Daytime Phone #: **561-878-8011**

CR2E034 (9/99)