2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100009573

1. Entity Name

ALU-TECH ENTERPRISES LLC



FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90079 017 ****50.00

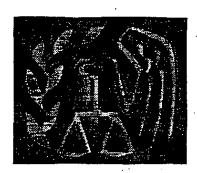
						600 WE TH							
Principal Plac	e of Busines:	3		Mailing Address	<u>-</u>		,	Į.					
				2637 E. ATLANTIC BLVD. STE 202 POMPANO BEACH FL 33062									
2 Principal F	Place of Busin	ose	1 2	Mailing Address									
2. Principal Place of Business			3,	3. Mailing Address					ii 44 00 15 06	HEALT HEALT SI	HALM HALMS BASAN S	1000 HH 160H	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Numt	^{ber} 65-	1112848	}		Applied For Not Applicable
Zip Country				Zip Country				5. Certificate of Status Desired					
	6. Name	and Address of Currer	nt Regi	stered Agent				7. Name an	d Address	of New R	egistered	Agent	
LAM	OTHE, FERI	NAND				Name	,						
721 S.E. 17TH STREET SUITE 200					Street Address (P.O. Box Number is Not Acceptable)								
		E FL 33316							<u> </u>				
				City							FI	Zip Co	de
	named entity tions of registe		for the	purpose of changing its	registere	ed office or rec	gistere	ed agent, or bo	oth, in the S	state of Flo	rida. I am	familiar with	, and accept
SIGNATURE	Signature, typed	or printed name of registered age	ent and title	e if applicable. (NOTE	: Registere	d Agent signature re	equired v	when reinstating)			DATE		
				FILE NO	W!!! F	FEE IS \$50	.00						
				Make Check Payabl	e to Flo	orida Depar	rtmen	nt of State					
				Due	By Ma	ay 1, 2003							(
9.		MANAGING MEME	BERS/I	MANAGERS	10.				AD	DITIONS/	CHANGE	S	
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CITY-ST-ZIP					CITY	-ST-ZIP							

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver it trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Attachment 30065732 101000009573

Internal Revenue Service



Accounts Management Division I Branch II - Teletin Unit Stop 751 PO Box 47421 Chamblee, GA 30362 Phone 678-530-7234/7235 FAX 678-530-6156

Date: June 16, 2001

Employee Identification: 0716933153

TO:	DIXON ALEXANDRE	FAX:	954-768-9775
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
-Company Name	-ALU-TECH ENTERPRISES LLC	Employer ID #	65-1112848
Company Name		Employer ID #	
Company Name	·	Employer ID#	
Company Name		Employer ID #	
Company Name	-	Employer ID #	
Company Name		Employer ID#	
Company — Name		Employer ID #-	

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