

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M89190

1. Entity Name
ALUFAB, INC.

f

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90004 008 ***150.00

Principal Place of Business

2341 ALI BABA AVENUE

OPA LOCKA FL 33054
US

Mailing Address

2341 ALI BABA AVE
OPA LOCKA FL 33054
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0093190

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDRADE, ROBERT
2341 ALI BABA AVENUE
OPA LOCKA FL 33054

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME ANDRADE, RICHARD D
STREET ADDRESS 2341 ALI BABA AVENUE
CITY-ST-ZIP OPA LOCKA FL

TITLE VD ☐ Delete
NAME ANDRADE, ROBERT
STREET ADDRESS 2341 ALI BABA AVENUE
CITY-ST-ZIP OPA LOCKA FL

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 ☐ 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
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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 other like empowered.

SIGNATURE:

Robert Andrade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00
Date

305 681 4701
Daytime Phone #

CR2E034 (5/00)

(attachment
Doc # M89190)

DOO 76228

Alufab, Inc.
2341 ALI BABA AVENUE
OPA LOCKA, FL 33054

July 24, 2000

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

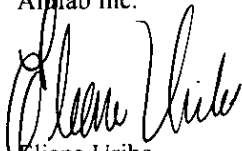
Attached please find the second notice of our 2000 Uniform Business Report.

We are enclosing payment in the amount of \$150.00 and ask that you please waive the penalty of \$400.00 due to the fact that we never received the first notice.

Thank you in advance for your cooperation in this matter.

Sincerely,

Alufab Inc.


Eliana Uribe
Accounts Payable