

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90010 042 \*\*\*150.00

**DOCUMENT # M89190**

1. Entity Name

**ALUFAB, INC.**

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

**13000 N.W. 38th Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**13000 N.W. 38th Ave.**

Suite, Apt. #, etc.

City & State

**OPA LOCKA, FL.**

Zip

**33054**

Country

**U.S.**

City & State

**OPA LOCKA, FL.**

Zip

**33054**

Country

**U.S.**

4. FEI Number

**65-0093190**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

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

**ROBERT ANDRADE**

Street Address (P.O. Box Number is Not Acceptable)

**13000 NW 38th AVE**

City

**OPALOCKA**

FL

Zip Code

**33054**

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

*Robert Andrade*

**ROBERT ANDRADE**

**4/23/01**

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. ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRADE, RICHARD D 2341 ALI BABA AVENUE OPA LOCKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDRADE, ROBERT 2341 ALI BABA AVENUE OPA LOCKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRADE, RICHARD D. 4812 N.W. 66th AVE. FT. LAUDERDALE, FL. 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDRADE, ROBERT 1553 N.W. 102 Drive CORAL SPRINGS, FL. 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*David Andrade*

**DAVID ANDRADE PRES. 305 6814701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)