

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90104 037 \*\*\*150.00

**DOCUMENT # P00000024087**  
**1. Entity Name**  
**AMERICAN ALLIED ALUMINUM & RECYCLING CORPORATION**

**Principal Place of Business**      **Mailing Address**  
**15940 OLD 441**      **15940 OLD 441**  
**TAVARES FL 32778**      **TAVARES FL 32778**

**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**      **Applied For**  
**59-3633120**      **Not Applicable**

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

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

**LEVIN, PATRICIA G**  
**617 N. CLAYTON STREET**  
**MOUNT DORA FL 32757**

**7. Name and Address of New Registered Agent**

**Name** *Levin, Patricia G*  
**Street Address (P.O. Box Number is Not Acceptable)** *21044 Wolfbranch Road*  
**City** *Mount Dora*      **FL**      **Zip Code** *32757*

**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** *Patricia G. Levin*      (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 \$150.00**  
**After May 1, 2002 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**

<b>TITLE</b>	<b>PTS</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>EASTMAN, CHRISTINE A</b>	
<b>STREET ADDRESS</b>	<b>10209 MINNOW COURT</b>	
<b>CITY-ST-ZIP</b>	<b>INVERNESS FL 34450</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>MILLER, CYNTHIA A</b>	
<b>STREET ADDRESS</b>	<b>12253 BERRY LANE</b>	
<b>CITY-ST-ZIP</b>	<b>FLORAL CITY FL 34436</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>President</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Miller, Cynthia A</b>	
<b>STREET ADDRESS</b>	<b>12253 Berry Lane</b>	
<b>CITY-ST-ZIP</b>	<b>Floral City, FL 34436</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Cynthia A. Miller*      **5/1/02**      **Daytime Phone #**

CR2E034 (9/01)

Patti Levin, E.A.

Attachment

980810

#P000000 24087

Accounting & Tax Service  
Post Office Box 121  
Tavares, FL 32778  
Phone (352) 383-0007

September 9, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL - 32314

RE: American Allied Aluminum & Recycling Corp.  
15940 Old Hwy 441  
Tavares, FL 32778-5066  
59-3633120

Dear Sirs:

The spouse, of the President and Sole owner of the above referenced taxpayer, encountered numerous hospital visits due to a heart attack, 3 angioplasty surgeries and other vascular problems, during the period of April 1, 2002 through the present. Due to these traumatic events and the emotional distress caused by these difficulties, the above referenced taxpayer failed to mail their 2002 Uniform Business Report in a timely manner.

Enclosed you will find the above referenced taxpayer's 2002 Uniform Business Report and a check in the amount of \$150. We request that you abate any penalty involved and accept this report as a timely report, due to the circumstances involved.

If I can be of assistance to you in your efforts, please contact my office. Thank you in advance for your prompt attention to this matter.

Sincerely yours,

*Patricia Goff Levin E.A.*

Patricia Goff Levin E.A.  
Accountant

PL:pg

Enclosure

cc: American Allied Aluminum & Recycling Corp.