

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038478

1. Entity Name

ALUMINIUM INSTALLATIONS FABRICATORS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90088 023 ***150.00

Principal Place of Business

1702 DOVE FIELD PLACE
BRANDON FL 33510

Mailing Address

1702 DOVE FIELD PLACE
BRANDON FL 33510

2. Principal Place of Business

1312 VERSANT DR

Suite, Apt #, etc.

102

City & State

BRANDON FL

Zip

33511

Country

HILLSBOROUGH

3. Mailing Address

1312 VERSANT DR

Suite, Apt #, etc.

102

City & State

BRANDON FL

Zip

33511

Country

HILLSBOROUGH

50037728



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3646312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$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 PSTD
NAME CORCORAN, JAY
STREET ADDRESS 1702 DOVE FIELD PLACE
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Jay Corcoran JAY CORCORAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/01

Date

813-111-4472

Daytime Phone #

CR2E034 (10/00)