

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069612

1. Entity Name  
ALLOTEX METALS, INC.

Principal Place of Business Mailing Address  
14243 SOUTHWEST 120TH COURT 14243 SOUTHWEST 120TH COURT  
MIAMI FL 33186 MIAMI FL 33186

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

65-1026467

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 JORGE VALDES  
Street Address (P.O. Box Number is Not Acceptable) 855 S-W 7TH STREET, #2  
City MIAMI FL Zip Code 33136

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

9/1/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

X

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee 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 PSTD  
NAME VALDES, VIVIANA M  
STREET ADDRESS 14243 SOUTHWEST 120TH COURT  
CITY-ST-ZIP MIAMI FL 33186

□ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME □ Change □ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME □ Change □ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME □ Change □ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME □ Change □ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME □ Change □ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME □ Change □ Addition

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:

VIVIANA VALDES (VIVIANA M. VALDES)

9/1/01

305-255-2494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90043 006 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)