

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000009753

1. Entity Name

ALUMINUM & PAPER WHOLESAL, CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 30 PM 4:25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9949 NW 89 AVENUE

Suite, Apt. #, etc.

BAY #8

City & State
MEDLEY, FL

Zip
33178

Country
US

3. Mailing Address
9949 NW 89 AVENUE

Suite, Apt. #, etc.

BAY #8

City & State
MEDLEY, FL

Zip
33178

Country
US

REINSTATEMENT

03

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1108483

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JUAN PABLO AMBROSINI

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

9949 NW 89 AVENUE #8

City MEDLEY

FL

Zip Code
33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of registered agent or person authorized to execute this report

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(P/D) RICARDO OLAVARRIETA
9949 NW 89 AVENUE #8
MEDLEY, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(V/S/D) DALIA OLAVARRIETA
9949 NW 89 AVENUE #8
MEDLEY, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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500023514895
10/02/03--01064--001 **300.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003-B (12-02)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003
UNIFORM BUSINESS. I HAVE NOT CHANGED MY PRINCIPAL OR MAILING
ADDRESS

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



RICARDO OLAVARRIETA
PRESIDENT