

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90218 015 ***150.00

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DOCUMENT # P01000024889

1. Entity Name
C&C ALL PURPOSE ALUMINUM, INC.



Principal Place of Business
**10775 SW 190 STREET BAY 13
MIAMI FL 33157**

Mailing Address
**10775 SW 190 STREET BAY 13
MIAMI FL 33157**



2. Principal Place of Business
10775 S.W. 190ST BAY # 13

3. Mailing Address
10775 S.W. 190ST. BAY#13

Suite, Apt. #, etc.
BAY # 13

Suite, Apt. #, etc.
BAY # 13

City & State
Miami, FL.

City & State
Miami, FL.

Zip
33157 Country
U.S.A.

Zip
33157 Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1085313**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEITES, SERGIO A CPA
3663 SW 8 STREET #210
MIAMI FL 33135**

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
FIGUEROA, CARLOS
10775 SW 190 STREET BAY 13
MIAMI FL 33157** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
FIGUEROA, CARLOS JR
10775 SW 190 STREET BAY 13
MIAMI FL 33157** ☐ Delete

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

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS FIGUEROA

05-01-03 (786) 242-6717
Date Daytime Phone #

CR2E034 (10/02)