

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90060 023 ***150.00

DOCUMENT # P01000060841

1. Entity Name
ALUTEK GLASS AND STEAL, INC.

Principal Place of Business

**1660 WEST 33RD STREET
HIALEAH FL 33012**

Mailing Address

**1660 WEST 33RD STREET
HIALEAH FL 33012**

432527



2. Principal Place of Business

**4421 SW 75 Ave
Suite, Apt. #, etc. #20**

3. Mailing Address

**13800 S.W. 85th
Suite, Apt. #, etc. #373**

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

Zip
33155

Country
Dade

City & State
Miami FL

Zip
33175

Country
Dade

4. FEL Number
65-1115371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CABALLERO, MARCIA B
2450 SW 137TH AVENUE SUITE 221
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **MARCIA B. CABALLERO**
Street Address (P.O. Box Number is Not Acceptable)
9192 Coral Way #201
City **Miami** FL Zip Code **33165**

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, 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

TITLE **PVST** ☐ Delete
NAME **ROSADO, EMIL J**
STREET ADDRESS **1660 WEST 33RD STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete
NAME **ROSADO, EMIL J**
STREET ADDRESS **1660 WEST 33RD STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: **C. Rosado**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 305-868-7768
Date Daytime Phone #

CR2E034 (9/01)