

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119760

Entity Name

GLOBAL ALUMINUM AND PRODUCTS, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91751 013 ***150.00

Principal Place of Business

6600 Perimeter Road
 Miami, FL 33122

Mailing Address

782 NW LEJEUNE ROAD, STE. 548
 MIAMI FL 33126

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE PA
 782 NW LEJEUNE ROAD
 SUITE 548
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

3. 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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 MARQUEZ, Fausto
 2550 SW 17th Avenue
 Miami, FL 33133

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Chairman & SD
 QUIROGA, Jesse
 501 N. Mashta Drive
 KEY BISCAYNE, FL 33149

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 CORONEL, Jose Rafael
 782 NW LeJeune Road, Suite 548
 Miami, FL 33126

☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED President

05/01/2002

(305) 447-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #