

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90059 003 \*\*\*550.00

**DOCUMENT #** P02000041576

1. Entity Name  
F.D.S. ALUMINUM, INC.



Principal Place of Business  
701 PINE DRIVE S. #203  
POMPANO BEACH FL 33060

Mailing Address  
701 PINE DRIVE S. #203  
POMPANO BEACH FL 33060

2. Principal Place of Business

5522 NW 39 AV

Suite, Apt. #, etc.

3. Mailing Address

5522 NW 39 AV

Suite, Apt. #, etc.

City & State

COCONUT CREEK

City & State

COCONUT CREEK

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

54-2063073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NORDT, GREGORY M ESQ.  
GREENSPOON, MARDER, HIRSCHFELD RAKIN  
100 W. CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

STEPHANE THERIAULT

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

5522 NW 39 AV

City

COCONUT CREEK

FL

Zip Code

33073

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

6/7/03

**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

TITLE NAME	D SOULARD, MICHEL	<input type="checkbox"/> Delete
STREET ADDRESS	701 PINE DRIVE S. #203	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME	D SOULARD, ROSAIRE	<input type="checkbox"/> Delete
STREET ADDRESS	701 PINE DRIVE S. #203	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME	D THERIAULT, STEPHANE	<input type="checkbox"/> Delete
STREET ADDRESS	701 PINE DRIVE S. #203	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD SOULARD MICHEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5522 NW 39 AV	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE NAME	V.P. SOULARD ROSAIRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5522 NW 39 AV	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE NAME	S.D THERIAULT STEPHANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5522 NW 39 AV	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

06-07-2003

Date

Daytime Phone #

CR2E034 (10/02)