

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

DOCUMENT # **P02000107970**

1. Entity Name

TEM ALUMINUM, INC.



FILED

03 NOV 14 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8001 LESIA CIR.

Suite, Apt. #, etc.

N/A

3. Mailing Address

8001 LESIA CIR.

Suite, Apt. #, etc.

N/A

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO - FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

81-0573777

Applied For

Not Applicable

Zip

32835

Country

U.S.A

Zip

32835

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE A. SILVA

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

8001 LESIA CIR.

City

ORLANDO

FL

Zip Code

32835

**DO NOT WRITE
IN THIS SPACE**

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

Jose A. Silva
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-14-03

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
**PRESIDENT
JOSE A. SILVA
8001 LESIA CIR
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700024718717
11/14/03--01079--016 **158.75**

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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:

Jose A. Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. SILVA

10-14-03

Date

(407) 467-8244

Daytime Phone #

CR2E034B (12/02)