FOR PROFIT CORPORATION

UN	IFORM BUSINE	SS REPORT	(UBR)					
1 Entity Name	ENT # P 0 2000 TEM ALUMINU		A		F	TILED		
			03 NOV 14, PM 5: 49					
DO NOT WRITE IN THIS SPACE					GLONETARY OF STATE TALLAHASSEE, FLORIDA			
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2. Principal Place of Business 3. Mailing Address 8001 LESIA CIR. 8001 LE			CIA AIR					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
V/A City & State	· · · · · · · · · · · · · · · · · · ·	P/A City & State			4. FEI Number Applied For			
ORLANDO - FLORIDA		OR LANDO.	O. FLORIDA		81-0573777		Not Applicable	
3283	Country	32835	Country U·S. A		5. Certificate of Status Desired	Fe Fe	8.75 Additional see Required	
			Name		7. Name and Address of Current	Registered A	gent	
	<u> - </u>	JOSE - A. SILVA						
DO NOT-WRITE - Street Address (P.O. Box Number is Not Acceptable)								
	IN THIS SP		Sales and the sa					
			City		NDO	FL	Zip Code	
R The above par	mgd entity submits this statement for	the purpose of changing its	2				32 835	
the obligations	of registered agent.	are purpose or origing no	ogletered amount	rogiotori	or agoing or south in any state of the	TO SERVICE SER	ma, will, and doosp!	
٠ سر	to so atulous del	2				10-14	1-03	
SIGNATURE	aure, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signatu	re required	when reinstating)	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. S5.00 May Be Added to Fees				
10.	OFFICERS AND D	TO STORY TO STORY	等新 基础之际	a salah salah	Transman galandari sagranga promotori sari Balandari da	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1 '	PRESIDENT			TIFLE:				
	IAME JOSE A. SILVA			NAME 70002-1718717 STREET ADDRESS 11-/14-0301079016 **158:-75				
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CITY-ST-ZIP			CITY-ST-ZIP		Committee Commit	<u> </u>		
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אוויורי שמחעונים			OWNER WOUNDER		ering de transport de la companya d Mangantan de la companya de la comp		*.	

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

EARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 467-8244

CR2E034B (12/02)