

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90208 035 ***150.00

DOCUMENT # P02000126121

1. Entity Name
ALDANIA INSULATION CORP.



Principal Place of Business

6570 SW 12 ST STE 6
MIAMI FL 33144

Mailing Address

6570 SW 12 ST STE 6
MIAMI FL 33144

2. Principal Place of Business

6570 SW 12 St #6
Suite, Apt. #, etc.

3. Mailing Address

6570 SW 12 St #6
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL

Zip
33144

Country
USA

City & State
Miami FL

Zip
33144

Country
USA

4. FEI Number
01-0755480

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, JULIO A
6570 SW 12 ST STE 6
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name Julio A. Cruz
Street Address (P.O. Box Number is Not Acceptable)
6570 SW 12 Street Suite 6
City Miami **FL** **Zip Code** 33144

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 2/6/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CRUZ, JULIO A
STREET ADDRESS 6570 SW 12 ST STE 6
CITY-ST-ZIP MIAMI FL 33144

TITLE D ☐ Delete
NAME CRUZ, CRUS
STREET ADDRESS 6570 SW 12 ST STE 6
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete
NAME
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME Cruz, Julio A.
STREET ADDRESS 6570 SW 12 St #6
CITY-ST-ZIP Miami FL 33144

TITLE D ☒ Change ☐ Addition
NAME CRUZ, CRUZ
STREET ADDRESS 6570 SW 12 ST STE 6
CITY-ST-ZIP MIAMI FL 33144

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/6/03 **Daytime Phone #** (786) 302-0627

CR2E034 (10/02)