

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90124 014 ***150.00

DOCUMENT # P02000128347

1. Entity Name
QUICK ALUMINUM INC.



Principal Place of Business
**4084 MIDDLEBROOK RD.
1124
ORLANDO FL 32811**

Mailing Address
**4084 MIDDLEBROOK RD.
1124
ORLANDO FL 32811**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**4084 MIDDLEBROOK RD.
Suite, Apt. #, etc.
#1124**

3. Mailing Address
Suite, Apt. #, etc.

City & State
OR. - Florida

City & State

4. FEI Number **904-70-6556**

Applied For
Not Applicable

Zip **32811**

Country **U.S.A.**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOGUEIRA, EGBERTO H
4084 MIDDLEBROOK RD.
1124
ORLANDO FL 32811**

Name

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

City

FL

Zip Code

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 **Egberto H. Nogueira**

02-03-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **NOGUEIRA, EGBERTO H**
STREET ADDRESS **4084 MIDDLEBROOK RD. STE. 1124**
CITY-ST-ZIP **ORLANDO FL 32811**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **Egberto H. Nogueira**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-03 4073832153

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 90037737

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application—refer to the instruction sheet for more details.

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	
Received Date:	

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

☐ Sole Proprietor ☐ Partner ☒ Corporate Officer (your corp. title: _____) **-OR-**

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

☐ Corporate Officer (your corp. title: _____)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): 202000120347

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>Quick Aluminium Inc</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>4084 Middlebrook Rd</u>		City: <u>Orlando</u>	State: <u>FL</u>
County: <u>Orange</u>	Phone No.: ()	Nature of Business: <u>Vinyl Siding + SOFFIT</u>	FEIN:
Unemployment Compensation Tax No:	Date Business Established: <u>12/5/02</u>	No. of Employees: <u>0</u>	
Are you required to be registered or certified pursuant to Chapter 489, F.S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes			
Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE			
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES list the name of all other businesses in which you are employed: _____			

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

EGBERTO NOGUEIRA

940 70 6556 03 17 77

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

SOCIAL SECURITY NO.

mo. day yr.

Egberto Nogueira

12 06 02

DATE OF BIRTH

APPLICANT'S SIGNATURE

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Orange

Sworn to and subscribed before me this 6th day of December 2002, by Egberto Nogueira

Personally Known ☒ OR Produce Identification ☐ Type of Identification Produced _____

NOTARY SIGNATURE [Signature]

My Commission Expires 1/30/05

(SEE REVERSE FOR ADDITIONAL INFORMATION)

