

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90299 038 \*\*\*150.00

**DOCUMENT # P93000047233**

1. Entity Name

**INTERNATIONAL ALUMINUM, INC.**

Principal Place of Business

**1717 SW 1ST WAY  
 BAY 22  
 DEERFIELD BEACH FL 33064  
 US**

Mailing Address

**1717 SW 1ST WAY  
 BAY 22  
 DEERFIELD BEACH FL 33064  
 US**

2. Principal Place of Business

**4400 NW 19TH AVE.**

3. Mailing Address

**4400 NW 19TH AVE.**

Suite, Apt. #, etc.

**BAY F**

Suite, Apt. #, etc.

**BAY F**

City & State

**POMPANO BEACH, FL**

City & State

**POMPANO BEACH, FL**

4. FEI Number

**65-0417136**

Applied For

Not Applicable

Zip

**33064**

Country

**US**

Zip

**33064**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PELAEZ, RICARDO  
 1332 S.W. 48TH AVENUE  
 FT. LAUDERDALE FL 33317**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

**RICARDO PELAEZ, DIRECTOR**

(NOTE: Registered Agent signature required when reinstating)

**1/30/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **PELAEZ, RICARDO**  
 STREET ADDRESS **1332 S.W. 48TH AVENUE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PC** ☐ Delete  
 NAME **PELAEZ, MARIO**  
 STREET ADDRESS **23344 CAROLWOOD LN. #6105**  
 CITY-ST-ZIP **BOCA RATON FL 33428-2107**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P/C/S/T** ☒ Change ☐ Addition  
 NAME **PELAEZ, MARIO**  
 STREET ADDRESS **23344 CAROLWOOD LN. #6105**  
 CITY-ST-ZIP **BOCA RATON FL 33428-2107**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIO PELAEZ Pres.**

Date

Daytime Phone #

**1/30/01 (954) 977-7557**

01/28/01

CR2E034 (10/00)