

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065618

1. Entity Name

ALUMAWELD, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90033 001 ***158.75

Principal Place of Business

Mailing Address

1945 HAYES ST
HOLLYWOOD FL 33020

6130 VAN BUREN ST
HOLLYWOOD FL 33023-1316

2. Principal Place of Business

3. Mailing Address

1945 Hayes Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FL

Zip

Country

Zip

Country

33020 Broward

4. FEI Number

65-0438149

Applied For

Not Applicable

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

MURILLO, SHERISE L
1600 NORTH 28TH COURT
HOLLYWOOD FL 33020

Name

Murillo, Sherise L.

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

1945 Hayes Street

City

Hollywood

FL

Zip Code

33020

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 Sherise L Murillo

Sherise L Murillo TREASURER 1-28-00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MURILLO, MICHAEL E	
STREET ADDRESS	1600 N. 28 COURT	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MURILLO, SHERISE L	
STREET ADDRESS	1600 N. 28 COURT	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: Sherise L Murillo Sherise L Murillo TREASURER 1-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 925-4758

CR2E034 (9/99)