

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90126 013 ***550.00

DOCUMENT # P94000017256

1. Entity Name
ALUFAB HURRICANE SHUTTERS, INC.

Principal Place of Business

**1300 NW 38TH AVE
 OPA LOCKA FL 33054
 US**

Mailing Address

**1300 NW 38TH AVE
 OPA LOCKA FL 33054
 US**

80134642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13000 N.W. 38th Ave.

3. Mailing Address

13000 N.W. 38th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPALOCKA, FL

City & State

OPALOCKA, FL

4. FEI Number

65-0489540

Applied For

Not Applicable

Zip

33054

Country

U.S.

Zip

33054

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ANDRADE, RICHARD D
 1300 NW 38TH AVE
 OPALOCKA FL 33054**

7. Name and Address of New Registered Agent

Name **RICHARD D. ANDRADE**

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

13000 N.W. 38th Avenue

City **OPALOCKA**

FL

Zip Code

33054

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 **David Andrade** **DAVID ANDRADE**

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

(NOTE: Registered Agent signature required when reinstating)

7/1/02

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **ANDRADE, ROBERT A**
 CITY-ST-ZIP **1553 NW 102ND DR
 CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **ANDRADE, RICHARD D**
 CITY-ST-ZIP **4812 NW 60TH AVE
 FORT LAUDERDALE FL 33319**

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

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:

Signature of Robert Andrade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02, (305) 688-4701

Date

Daytime Phone #

CR2E034 (9/01)