

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
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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.
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Suite, Apt. #, etc.

City & State OPALOCKA, FL	City & State OPALOCKA, FL
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4. FEI Number 65-0489540	Applied For <input type="checkbox"/> Not Applicable
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Zip 33054	Country U.S.	Zip 33054	Country U.S.
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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

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

Name RICHARD D. ANDRADE
Street Address (P.O. Box Number is Not Acceptable) 13000 N.W. 38th Avenue
City OPALOCKA
State 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**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRADE, ROBERT A 1553 NW 102ND DR CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDRADE, RICHARD D 4812 NW 60TH AVE FORT LAUDERDALE FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard Andrade **Richard Andrade** **7/1/02** **(305) 688-4701**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)