

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90194 012 ***150.00

DOCUMENT # P95000019035

1. Entity Name

ALUMINUM TECHNOLOGIES CORP, INC.

Principal Place of Business

Mailing Address

8705 NW 149 TERRACE
 MIAMI FL 33016

8705 NW 149 TERRACE
 MIAMI FL 33018-1314

00004300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2679 W. 70 PL

2679 W. 70 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hialeah, FL

Hialeah, FL

City & State

City & State

4. FEI Number

65-0569941

Applied For

Not Applicable

Zip

Country

Zip

Country

33016

Fla - Dade

33016

Fla - Dade

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

FIALLO, NIVALDO
 8705 NW 149 TERRACE
 MIAMI FL 33016

Name

FIALLO NIVALDO.

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

2679 W. 70 PL

City

HIALEAH

FL

Zip Code

33016

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

1/6/2000

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

TITLE Delete

NAME: FIALLO, NIVALDO
 STREET ADDRESS: 8705 NW 149 TERRACE
 CITY-ST-ZIP: MIAMI FL 33016

TITLE Delete

NAME: GONZALEZ, LUIS M
 STREET ADDRESS: 8705 NW 149 TERRACE
 CITY-ST-ZIP: MIAMI FL 33016

TITLE Delete

NAME
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Add

NAME
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 CITY-ST-ZIP

TITLE Change Add

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] Nivaldo Fiallo

Date

1/6/2000

Daytime Phone #

305-362-1405