

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90394 037 ***550.00

0142542 AV

DOCUMENT # P95000019035

1. Entity Name
ALUMINUM TECHNOLOGIES CORP, INC.

Principal Place of Business

2679 W 70 PL.
 HIALEAH FL 33016

Mailing Address

2679 W 70 PL.
 HIALEAH FL 33016

2. Principal Place of Business

9048 NW 114 ST.
 Suite, Apt. #, etc.

3. Mailing Address

9048 NW 114 ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HIALEAH GARDENS FL

City & State
HIALEAH GARDENS FL

4. FEI Number
65-0569941

Applied For
 Not Applicable

Zip
33018

Country

Zip
33018

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIALLO, NIVALDO
 2679 W 70 PL.
 HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name
Fiallo Nivaldo
 Street Address (P.O. Box Number is Not Acceptable)
9048 NW 114 ST
 City
HIALEAH GARDENS FL Zip Code
33018

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.

Nivaldo Fiallo

(NOTE: Registered Agent signature required when reinstating)

6-3-02
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FIALLO, NIVALDO 8705 NW 149 TERRACE MIAMI FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

6/3/02

Date

305-362-1405

Daytime Phone #

CR2E034 (9/01)