2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
02-19-2001 90050 007 ***158.75

0490778

DOCUMENT # P96000089154

1. Entity Name
ALUMINIUM SPECIALIST ENTERPRISE INC.

Principal Place of Business	Mailing Address
~~1100 CONSTITUTION DRIVE~~ ~~APT. C~~ ~~HOMESTEAD FL 33034~~	1100 CONSTITUTION DRIVE APT. C HOMESTEAD FL 33034

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19680 SW 304 ST.	19680 SW 304 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD FL	City & State: HOMESTEAD FL
Zip: 33032. Country:	Zip: 33032. Country:

4. FEI Number 65-0714835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUSSEAU, ALBERT MR
~~1100 CONSTITUTION DRIVE~~ 19680 SW 304 ST
~~APT. C~~ HOMESTEAD FL 33032
HOMESTEAD FL 33034

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 X [signature]
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P ROUSSEAU, ALBERT ~~1100 CONSTITUTION DRIVE APT C~~ 19680 SW 304 ST HOMESTEAD ~~FL 33034~~ FL 33032. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #