FILED
Apr 19, 2001 8:00 am
Secretary of State
03-21-2001 90045 043 ***150.00

3/2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032702

1. Entity Name
AMERICAN ALUMINUM INDUSTRIES, INC.

68096

Principal Place of Business	Mailing Address
5265 MATUS ROAD SUNRISE FL 33351	P.O. BOX 450256 SUNRISE FL 33345

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0741789 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHELE M.
5265 MATUS ROAD
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name: C. David Tangora Esq.
Street Address (P.O. Box Number is Not Acceptable): 320 S.E. 18th Court
City: Ft. Lauderdale FL Zip Code: 33316

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: Michele M. McLeod
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when changing. 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			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
T AKRA, JOSEPH PO BOX 450256 SUNRISE FL 33345	☒ Delete			☐ Change	☐ Addition
VP DAVIS, JIM PO BOX 450256 SUNRISE FL 33345	☒ Delete			☐ Change	☐ Addition
S MCLEOD, MICHELE PO BOX 450256 SUNRISE FL 33345	☐ Delete		VP Michele McLeod PO Box 450256 Sunrise FL 33345	☒ Change	☐ Addition
P BORGE, CARL PO BOX 450256 SUNRISE FL 33345	☐ Delete			☐ Change	☐ Addition
	☐ Delete			☐ Change	☐ Addition
	☐ Delete			☐ Change	☐ 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: Michele M. McLeod
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

3/19/01 746-2225
Date / Daytime Phone #

CR2E004 (10/00)