

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005888

1. Entity Name

G & I ALUMINUM SERVICES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90023 025 ***158.75

Principal Place of Business

30008 SW 159 DR
HOMESTEAD FL 33033

Mailing Address

30008 SW 159 DR
HOMESTEAD FL 33033-3414

2. Principal Place of Business

30008 SW 159 DRIVE
Suite, Apt. #, etc.

3. Mailing Address

30008 SW 159 DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD FL

City & State

HOMESTEAD FL

4. FEI Number

65-0804824

Applied For

Not Applicable

Zip

Country

33033 U.S.

Zip

Country

33033 U.S.

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWSOME, ANITA INGRID
30008 SW 159 DR
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

Name

SAME AS CURRENT

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

SAME AS CURRENT

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

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, 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	DP	<input type="checkbox"/> Delete
NAME	NEWSOME, ANITA INGRID	
STREET ADDRESS	1536 NE 8TH ST #107	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWSOME, GLENN WADE	
STREET ADDRESS	1536 NE 8TH ST #107	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

ANITA NEWSOME
PRESIDENT

Date

Daytime Phone #

4-14-00 305 248877
9516080

CR2E034 (9/99)