

# 2002 UNIFORM BUSINESS REPORT (UBR)

0028475 AV

DOCUMENT # P98000032927

1. Entity Name

RECOL ALUMINUM PRODUCTS, INC.

FILED

04 FEB 27 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4117 NW 135 STREET  
OPA LOCKA FL 33054

4117 NW 135 STREET  
OPA LOCKA FL 33054

2. Principal Place of Business

6801 SW 196 Ave.

Suite, Apt. #, etc.

Ste 406

3. Mailing Address

6801 SW 196 Ave.

Suite, Apt. #, etc.

Ste 406

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33332

Country

U.S.

Zip

33332

Country

U.S.



REINSTATEMENT 03-04  
DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0866254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REQUEJO, CAROL A  
730 NW 195TH AVE.

PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name Requejo, Carol A.

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

19471 N.W. 8 Street

City Pembroke Pines

FL

Zip Code 33029

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 PD ☐ Delete  
NAME REQUEJO, CAROL A  
STREET ADDRESS 19471 NW 8 STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VP ☐ Delete  
NAME REQUEJO, ANTONIO L  
STREET ADDRESS 19471 NW 8 ST  
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE TRES ☐ Delete  
NAME EUGENE TORRES  
STREET ADDRESS 380 E. 62 ST.  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 980029571669  
CITY-ST-ZIP 03/01/04--01025--010 \*\*\*900.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (4/02)