

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90178 029 ***150.00

DOCUMENT # P98000067208

1. Entity Name
ALUCOAST, INC.

Principal Place of Business: 11760 ROYAL PALM BLVD. CORAL SPRINGS FL 33065
 Mailing Address: 11760 ROYAL PALM BLVD. CORAL SPRINGS FL 33065-3350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 18231 N.E. 4th Court
 Suite, Apt. #, etc.
 City & State: North Miami Beach, Florida

3. Mailing Address: Same as #2
 Suite, Apt. #, etc.
 City & State:

Zip: 33162 Country: EE.UU

4. FEI Number: 65-0854488 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
JARAMILLO, JAIRO
 11760 ROYAL PALM BLVD.
 CORAL SPRINGS FL 33065

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: _____ (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: PD NAME: JARAMILLO, JAIRO STREET ADDRESS: 11760 ROYAL PALM BLVD. CITY-ST-ZIP: CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE: VD NAME: ANGULO, FABIAN STREET ADDRESS: 11760 ROYAL PALM BLVD. CITY-ST-ZIP: CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE: SD NAME: ANGULO, MAGALY STREET ADDRESS: 11760 ROYAL PALM BLVD. CITY-ST-ZIP: CORAL SPRINGS FL 33065	<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
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

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: _____ **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)