

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90352 018 \*\*\*150.00

**DOCUMENT # P98000067208**

1. Entity Name  
**ALUCCOAST, INC.**

Principal Place of Business <b>18231 NE 4TH COURT          N MIAMI BEACH FL 33162          US</b>	Mailing Address <b>18231 NE 4TH COURT          N MIAMI BEACH FL 33162          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4156 N.W. 132nd St.</b>	3. Mailing Address <b>4156 N.W. 132nd St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>opa locka Florida</b>	City & State <b>opa locka Florida</b>

4. FEI Number <b>65-0854488</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33054</b>	Country <b>USA</b>	Zip <b>33054</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD JARAMILLO, JAIRO 11760 ROYAL PALM BLVD. CORAL SPRINGS FL 33065</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ANGULO, FABIAN 11760 ROYAL PALM BLVD. CORAL SPRINGS FL 33065</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ANGULO, MAGALY 11760 ROYAL PALM BLVD. CORAL SPRINGS FL 33065</b> <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: Jorge Fabian Angulo **REQUIRED** **04/11/02** **(386) 439 0331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)