2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900030408 Apr 07, 2000 8:00 am Secretary of State BROTHERS ALUMINIUM OF THE KEYS, INC. 04-07-2000 90051 021 ***150.00 Mailing Address Principal Place of Business 143 BAYVIEW DRIVE 143 BAYVIEW DRIVE KEY LARGO FL 33037-2424 KEY LARGO FL 33037 Principal Place of Business 3. Mailing Address 06130 OVa DO NOT WRITE IN THIS SPACE City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired 10 *NC 00* Fee Required $O \cap C \cap C$ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 600 SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition PTD ☐ Change ☐ Delete TITLE TIT! F GROSS, DONALD R NAME STREET ADDRESS STREET ADDRESS 143 BAYVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GROSS, JACK A NAME STREET ADDRESS STREET ADDRESS 143 BAYVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Addition ☐ Change Delete TITLE TITLE NAME GROSS, ANITA NAME STREET ADDRESS STREET ADDRESS 143 BAYVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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