

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053966

1. Entity Name  
ANDALUSIA IRON WORKS, INC.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90476 023 \*\*\*150.00

Principal Place of Business  
7301 SW 45TH ST., BAY 7  
MIAMI FL 33155

Mailing Address  
13132 SW 57TH TERRACE  
MIAMI FL 33183-1223 *Same*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	65-0915739	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAMIEH, HATEM 13132 SW 57TH TERRACE MIAMI FL 33183-1223		Name -- DORIS LOZANO Street Address (P.O. Box Number is Not Acceptable) 3223 W 76 TH PL. City HIALEAH GARDENS FL Zip Code 33018	

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 *Doris Lozano* (was) *Hatem Bamieh* (DELET) (signed) 10/1/2000-  
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 -v**  
**After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PP.
NAME	BAMIEH, HATEM	NAME	DORIS LOZANO
STREET ADDRESS	13132 SW 57TH TERR.	STREET ADDRESS	3223 W 76 TH PL.
CITY-ST-ZIP	MIAMI FL 33183-1223	CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	VSD	TITLE	
NAME	BAMIEH, MORELLA LUCIA	NAME	
STREET ADDRESS	13132 SW 57TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183-1223	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Doris Lozano* 10/1/00 (305) 264-3738  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #