

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053966

1. Entity Name  
ANDALUSIA IRON WORKS, INC.

Principal Place of Business

7301 SW 45TH ST., BAY 7  
MIAMI FL 33183

Mailing Address

13132 SW 57TH TERRACE Same  
MIAMI FL 33183-1223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip

Country

4. FEI Number **65-0915739**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current 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 (res)* (res) (Delete) (Hatem Bamieh (resigned)) DATE **10/1/2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE **PD**  Delete  
NAME **BAMIEH, HATEM**  
STREET ADDRESS **13132 SW 57TH TERR.**  
CITY-ST-ZIP **MIAMI FL 33183-1223**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Change  Addition  
NAME **DORIS LOZANO**  
STREET ADDRESS **3223 W 76 TH PL.**  
CITY-ST-ZIP **HIALEAH GARDENS, FL 33018**

TITLE **VSD**  Delete  
NAME **BAMIEH, MORELLA LUCIA**  
STREET ADDRESS **13132 SW 57TH TERR.**  
CITY-ST-ZIP **MIAMI FL 33183-1223**

TITLE   Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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: *Doris Lozano*

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

**10/1/00**

**(305)264-3738**

Date

Daytime Phone #

0232808

CR2E034 (10/00)