

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0152501 FP

DOCUMENT # P99000066551

1. Entity Name
ALUSA ENGINEERING AND CABLE COMPANY



FILED

03 SEP 22 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% GLINSKY
169 EAST FLAGLER ST #1518
MIAMI FL 33131

Mailing Address
%THOMAS J SKOLA
501-BRICKELL DR STE 602
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address
1001 Brickell Bay Drive
Suite, Apt. #, etc.
1508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number 65-0936767

Applied For
Not Applicable

Zip

Country

Zip
33131

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKOLA, THOMAS J ESQ.
501-BRICKELL DR STE 602
MIAMI FL 33131

Name THOMAS J. SKOLA, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive, Suite 1508
City MIAMI FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/8/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, JOSE LUIZ M DG 501-BRICKELL DR STE 602 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREIRA, GUILHERME G 501-BRICKELL DR STE 602 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUES, JOSE LAZARO A 501-BRICKELL DR STE 602 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOLA, THOMAS J ESQ 501-BRICKELL DR STE 602 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREIRA, GUILHERME G 501-BRICKELL DR STE 602 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL Bay Dr. Ste 1508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL Bay Dr. Ste 1508
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL Bay Dr. Ste 1508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 90002337 09/26/03--01012--03 **550.00

12. 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 10 or Block 11 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
GUILHERME PEREIRA

09/15/2003 (516) 978-3389

CR2E034 (4/03)